

<b>Case Number:</b>	CM15-0182421		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/16/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male, who sustained an industrial injury on 4-16-11. The injured worker is undergoing treatment for lumbar radiculitis and bilateral knee arthroscopy and arthropathy. Medical records dated 6-12-15 indicate the injured worker complains of constant back pain radiating down both extremities, extending to the feet and rated 2 out of 10 at best and 8 out of 10 at worst He also complains of constant dull aching knee pain rated 3 out of 10 at best and 10 out of 10 at worst. He reports occasional sharp pain, weakness and giving way. Physical exam dated 6-12-15 notes antalgic gait, "mild" knee swelling, lumbar and bilateral knee tenderness to palpation, positive Apley's bilaterally, positive straight leg raise on the right and decreased range of motion (ROM). Treatment to date has included X-rays, physical therapy, medication, electrical stimulation, magnetic resonance imaging (MRI), surgery, 6-12-15 visit indicates "injections was performed to each knee, which did not minimize his pain," and heat. The original utilization review dated 9-8-15 indicates the request for Supartz injection for the left knee X5 is certified and Supartz injection for the right knee X5 is non-certified noting it would be reasonable to review the response to Supartz injection on the left knee, as this knee is reportedly worse than the right prior to further consideration for the medical necessity for Supartz injection to the contralateral-right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Supartz injection for the right knee (x5): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee / Hyaluronic Acid Injections.

**Decision rationale:** Official Disability Guidelines/Treatment in Workers Compensation/Knee discusses hyaluronic acid injections. This guideline states "A series of 3-5 intraarticular injections of hyaluronic acid, or 3 injections of Hyalin, or 1 of Synvisc-1 in the target knee with an interval of one week between injections is indicated for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacological and pharmacological treatments, or are intolerant of these therapies." The guidelines also recommend this treatment for patients who are not candidates for total knee replacements or have failed prior surgery or for younger patients wishing to delay total knee replacement. A prior physician review recommended initial observation of the results of his treatment on the more symptomatic knee prior to determining that the patient is a candidate for the same treatment to the less symptomatic right knee; this clinical reasoning is consistent with the guideline principles. This request is not medically necessary.