

<b>Case Number:</b>	CM15-0201341		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	02/05/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: California, Hawaii

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 57 year old female, who sustained an industrial injury on February 5, 2015. She reported pain to her neck, shoulders, wrists, hands, knees and lower back. Initial diagnoses included joint pain right shoulder region, osteoarthritis of right knee and osteoarthritis of left knee. Treatment to date has included diagnostic studies, physical therapy, right hand injections, wrist support, knee support and medication. On September 2, 2015, the injured worker complained of bilateral knee pain that was present more in the medial aspect and increases with activities. She also associated her pain with momentary locking. Physical examination of the bilateral knees revealed slight swelling. Range of motion was 0-125 degrees. Apley's compression test was positive bilaterally. X-ray of the bilateral knees showed moderately significant narrowing of the medial joint spaces. There was also slight weakness of the patellofemoral joint and a small marginal osteophyte bilaterally. Notes stated that due to the significant narrowing of the medial joint spaces, the injured worker would benefit from a series of intraarticular viscosupplementation injections under ultrasound guidance. The treatment plan also included medication, a physical therapy program for the bilateral shoulders and bilateral knees, home exercises and a follow-up visit. On September 30, 2015, utilization review denied a request for Supartz injections under ultrasound guidance (total of 5) one time per week for ten weeks for the bilateral knees. A request for physical therapy two times per week at four weeks to bilateral shoulders and bilateral knees was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injections under ultrasound guidance (total of 5) 1 time per week for 10 weeks for the bilateral knees: 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), Knee chapter-Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic acid injections.

**Decision rationale:** The patient presents with diagnoses that include joint pain right shoulder region, osteoarthritis of right knee and osteoarthritis of left knee. The patient recently complained of bilateral knee pain and momentary locking. The current request is for Supartz injections under ultrasound guidance (total of 5) 1 time per week for 10 weeks for the bilateral knees. The treating physician states in the treating report dated 9/2/15 (353B), for the knee condition, due to significant narrowing of the medial joint spaces, the patient is expected to benefit from a series of intraarticular viscosupplementation injections to be administered under ultrasound guidance." MTUS guidelines do not address Synvisc injections. The ODG guidelines state "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), too potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." The criterion for performing the injection is symptomatic osteoarthritis not responding to conservative care. In this case, the clinical history does not document that the patient has failed to adequately respond to conservative treatment. There is no documentation that the patient has failed or even attempted PT on her knees, there is no record of the patient's response to aspiration and injection of intraarticular steroids or the desire to delay surgery to indicate the need for visco supplementation. The current request is not medically necessary.