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| <b>Case Number:</b>   | CM15-0026234 |                              |            |
| <b>Date Assigned:</b> | 02/19/2015   | <b>Date of Injury:</b>       | 04/26/1999 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 01/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/11/2015 |

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 April 26, 1999. She has reported injury to her knees, hand and shoulders from a fall. The diagnoses have included bilateral knee posttraumatic osteoarthritis, status post right knee arthroscopy times two, status post left knee arthroscopy, status post lumbar laminectomy discectomy and micro foraminotomy at L5-S1, chronic lumbar strain with instability rule out disc herniation and status post right shoulder arthroscopy with extensive synovectomy, chondroplasty of glenoid and subacromial decompression. Treatment to date has included diagnostic studies, surgery, physical therapy, knee brace, viscosupplementation injections, cortisone injections and medications. Currently, the injured worker complains of constant pain in the right knee and frequent pain in the left knee. She reports swelling, popping and clicking. The pain increases with walking, standing, flexing the knees, extending the knees and with ascending or descending stairs. The pain was rated as a 7-9 on a 1-10 pain scale. Palpation of the medial joint line revealed tenderness bilaterally. Patellofemoral Grind test was positive bilaterally. Strength was 4/5 with flexion on the right and 5/5 on the left. Strength was 5/5 with extension bilaterally. Range of motion was right flexion 0 degree, left flexion 130 degrees, right extension 0 degree and left extension 0 degree. She had a good response to Synvisc injections to both knees. Recent x-rays revealed spurring secondary to tricompartmental arthritis bilaterally. She has had prior steroid injections and is currently declining a right knee replacement. On January 21, 2015, Utilization Review non-certified a series of 5 Supartz injections bilateral knees, noting the Official

Disability Guidelines. On February 11, 2015, the injured worker submitted an application for Independent Medical Review for review of a series of 5 Supartz injections bilateral knees.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Supartz Injections Bilateral Knees, Series of 5 Injections Per Knee: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Treatment Index Knee & Leg/Hyaluronic Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue and have lengthy criteria to support its use. This patient meets the Guideline criteria due to prior trial of steroid injections, poorly controlled symptoms, attempting to avoid surgery and significant tricompartmental degenerative changes documented on recent x-rays. The request for Supartz Injections Bilateral Knees, Series of 5 Injections Per Knee is supported by Guidelines and is medically necessary.