

<b>Case Number:</b>	CM15-0028137		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 49 year old male, who sustained an industrial injury on October 29, 2008. The diagnoses have included traumatic injury of the right lower extremity, status post-surgery and skin graft, right knee meniscal tear, status post arthroscopy, recurrent right knee pain,, acute lumbar strain, rule out disc herniation and right ankle sprain/strain rule out internal derangement. Treatment to date has included physical therapy and over the counter Non-steroidal anti-inflammatory drug. Currently, the injured worker complains of low back pain that is constant and right knee pain that is intermittent and radiates into his right ankle. In a progress note dated January 14, 2015, the treating provider reports examination of the right knee reveals mild to moderate osteoarthritis and joint space narrowing, some degenerative changes on the lateral tibial head, decreased range of motion with dorsiflexion and tenderness over the (unreadable) joint with decreased sensation over the dorsal aspect of the foot and the lateral aspect of the lower leg and foot. On January 21, 2015 Utilization Review non-certified a Supartz times five to right knee, noting, Official Disability Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz x 5 for the Right Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg Chapter (updated 10/27/17), Hyaluronic Acid Injections

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

**Decision rationale:** According to the ODG guidelines, Hyaluronic injections such as Supartz are optional. Criteria for Hyaluronic acid injections:- Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;- Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>);- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;- Failure to adequately respond to aspiration and injection of intra-articular steroids; In this case, the claimant does have arthritic findings on imaging but does not have the exam findings or all the criteria noted above. In addition, there is no mention of prior steroid injection attempt or failure. In addition, Supartz is considered an option rather than a medical necessity. As a result, the Supartz is not medically necessary.