

<b>Case Number:</b>	CM15-0029689		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	06/20/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 56 year old female who sustained a work related injury June 20, 2010. Past history included heart disease, hypercholesterolemia, sleep apnea with CPAP, open reduction internal fixation left humerus August, 2011, open reduction internal fixation left wrist October, 2012, knee surgery 1980's, elbow surgery 1990's and thyroid surgery 1960's. According to a primary physician's progress report, dated January 16, 2015, the injured worker presented with left shoulder pain stiffness, weakness and decreased range of motion; bilateral knee pain with stiffness, swelling, and weakness. The injured worker found that Supartz injections have helped with relief of knee pain for approximately 6 months. She wears a brace to the left knee and uses Flector patches to manage the pain of the left shoulder and upper arm. Diagnoses are documented as osteoarthritis unspecified lower leg and closed fracture unspecified part, upper end, humerus. Treatment included a new medial unloader brace, left knee, prescription for Ketoprofen cream and a request for Supartz injection series (1-5) bilateral knees. According to utilization review dated January 29, 2015, the request for Supartz Injections x (5) (1) injection weekly x (5) weeks using ultrasound for needle placement has been modified to Supartz Injections (5), (1) weekly x (5) weeks is certified, however the request for the use of ultrasound for needle placement is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz Injections x5, 1 injection weekly x5 weeks using ultrasound for needle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with left shoulder pain, stiffness, weakness, instability and decreased ROM as well as bilateral knee pain, stiffness, swelling, and weakness. The current request is for Supartz injections x 5, 1 injection weekly x 5 weeks, using ultrasound for needle placement. It is indicated on the Progress report that the injections are for the bilateral knees (B.20) the treating physician states, the patient reports that the arthritis is persistent, and has worsened. The patient has bilateral knee pain. Patient states that the Supartz helps with approximately 6 months of relief of complete pain and improvement of instability of both knees. Patient has to wear her brace on the left knee all the time and the pain is getting worse. Would like to repeat the Supartz Injections, (B.20/21) ODG Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections are, Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The ODG guidelines go on to also state, Repeat series of injections: This systematic review on the efficacy and safety of repeat courses of hyaluronic therapy in patients with OA of the knee concluded that repeat courses of the hyaluronans are safe and effective in the treatment of pain associated with OA of the knee. The criteria listed for Hyaluronic acid injections are as follows: Patient experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments after at least 3 months; documented symptomatic severe osteoarthritis of the knee; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopic or ultrasounds guidance; Repeat series: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. In this case, the patient has previously had a series of injections and did notice significant improvement for 6 months or more. The patient also is unresponsive to nonpharmacologic treatments due to the knee brace causing more pain. There is documentation that the patient suffers from osteoarthritis and that the symptoms are persistent and worsening. The current request is medically necessary and the recommendation is for authorization.