

<b>Case Number:</b>	CM15-0225306		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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: North Carolina

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 59 year old male, who sustained an industrial injury on 9-16-2008. The injured worker is undergoing treatment for knee osteoarthritis, status post arthroscopy and knee-patellofemoral syndrome with degenerative joint disease (DJD). Medical records dated 10-12-2015 and 11-4-2015 indicate the injured worker complains of improving constant knee pain. Exam dated 10-12-2015 indicates pain is rated 8 out of 10. Physical exam dated 11-4-2015 notes bilateral knee tenderness to palpation, right knee crepitation and decreased range of motion (ROM). Treatment to date has included acupuncture, knee brace, surgery, physical therapy and medication. The original utilization review dated 11-12-2015 indicates the request for left knee patellar sleeve is certified and Supartz injections to right knee #3 is modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injections to right knee #3:** 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) hyaluronic acid injections, knee.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and Hyaluronic Acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient does not have the diagnosis of moderate to severe osteoarthritis that has failed conservative treatment and therefore the request is not medically necessary.