

<b>Case Number:</b>	CM15-0051514		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 63-year-old male, with a reported date of injury of 07/12/2011. The diagnoses include osteoarthritis and knee joint pain. Treatments to date have included an x-ray of the right knee, an x-ray of the right tibia, Supartz injections, oral medication, and an x-ray of the left knee. The progress report dated 02/04/2015 indicates that the injured worker complained of a burning sensation to the medial and lateral aspect of the right knee. He rated the pain 6 out of 10. The objective findings include limited right knee range of motion and limping with walking. The treating physician requested a series of five Supartz injections to the right knee, a urine toxicology screen to check the effectiveness of the prescribed Norco, and physical therapy for the left knee to improve function and build-up strength to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injection right knee, series of 5 injections performed once a week using ultrasound guidance:** 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, criteria for hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections.

**Decision rationale:** The patient is a 63-year-old male with an injury on 07/12/2011. He has right knee pain and has been treated with medication and Supartz injections. ODG under Knee, Hyaluronic Acid Injections noted recent research of a meta-analysis of 89 clinical trials involving 12,667 patients that revealed that these injections produced minimal to non-existent effects on pain and function but increased the risks of serious adverse events. There were inconsistent results compared to placebo injections. Supartz is not medically necessary for this patient.

**Urine toxicology screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** The patient is a 63-year-old male with an injury on 07/12/2011. He has right knee pain and has been treated with medication and Supartz injections. There is no documentation of a history drug abuse or abnormal drug seeking behavior in this 63-year-old patient. Urine drug testing is not medically necessary.

**Physical therapy left knee 3 times per week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

**Decision rationale:** The patient is a 63-year-old male with an injury on 07/12/2011. He has right knee pain and has been treated with medication and Supartz injections. MTUS, Chronic Pain physical medicine guidelines provide for a maximum of 8 - 10 physical therapy visits. The requested 12 visits exceed the maximum allowed number of visits and is not consistent with the MTUS guidelines. Therefore, the request is not medically necessary.