

<b>Case Number:</b>	CM15-0060795		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old male injured worker suffered an industrial injury on 07/03/2007. The diagnoses included right knee meniscal tear and osteoarthritis. The diagnostics included right knee magnetic resonance imaging, left and right knee x-rays. The injured worker had been treated with medications, physical therapy and steroid injections. On 2/25/2015 treating provider reported aching knee pain with tenderness and mild crepitus. The treatment plan included Supartz Injection Series of 3 Right Knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz Injection Series of 3 Right Knee:** Upheld

**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 Official Disability Guidelines (ODG) Knee-Hyaluronic acid injections.

**Decision rationale:** Supartz Injection Series of 3 Right Knee is not medically necessary per the ODG Guidelines. The ODG states that the criteria for hyaluronic acid injections are documented symptomatic severe osteoarthritis of the knee, which may include the following bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age. The documentation indicates on a 3/18/15 progress note that the patient has a medial meniscal tear on his MRI of the right knee and the provider is recommending a meniscectomy. Additionally, the documentation states that the patient feels his symptoms are mild-moderate. The documentation indicates that the 2/25/15 knee x-rays revealed moderate OA of the right knee. The ODG recommends hyaluronic acid injections in the presence of severe osteoarthritis of the knee which is not evident in the submitted documents. The request for Supartz injections is therefore not medically necessary.