

<b>Case Number:</b>	CM14-0215812		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a 37-year-old male who sustained a work related injury on 4/14/2014. Per the Physician's Progress Report dated 11/12/2014 the injured worker reported knee pain, swelling, warmth, difficulty bearing weight and ambulating. The pain is described as throbbing. The pain is moderate in intensity and is improving. Symptoms are exacerbated by weight bearing and walking and relieved by rest and ice. He is currently able to perform activities of daily living with limitations and he is unable to work. Objective physical examination revealed an antalgic gait and 2+ moderate localized tenderness about the medial aspect of the left knee. McMurray test is positive. Diagnoses included localized osteoarthritis, lower leg. He received an ultrasound guided left knee joint Supartiz #2 injection. The plan of care included medications. Per the physician report dated 11/11/2014, disability status is temporarily partially disabled. Per the documentation provided, he has received 5 sessions of physical therapy between the dates of 10/17/2014 and 11/03/2014. On 11/18/2014, Utilization Review non-certified a prescription for steroid Supartiz Injections times four to the left knee, based on lack of documented pharmacological and non-pharmacological treatment including corticosteroid injections and lack of document images confirming the diagnosis. The MTUS, ACOEM, Official Disability Guidelines and Reed Group/The Medical Disability Advisor were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection- Steroid Supartz Injections times four to the left knee, Quantity: 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, steroid, supartz injections times four to the left knee are not medically necessary. Hyaluronic acid injections (Supartz) are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory's per acetaminophen). The guidelines enumerate the criteria for hyaluronic acid injections. These include, but are not limited to, significant symptomatic osteoarthritis that did not respond adequately to conservative nonpharmacologic (exercise) and pharmacologic treatments; documented severe osteoarthritis of the knee; failure to adequately respond to aspiration and injection of intra-articular steroids; etc. See guidelines for additional details and criteria. In this case, the injured worker's working diagnoses are lumbar disc displacement; localized obscure arthrosis lower leg; and encounter for long-term (current) use of medications. The worker received physical therapy, medications, TENS unit with benefit. There is no documentation in the medical record indicating the injured worker has severe osteoarthritis in the affected knee. There is no documentation the injured worker receives conservative treatment such as physical therapy and exercise to the affected knee. There is no documentation of severe osteoarthritis of the affected knee. There was no documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. Consequently, absent clinical documentation to support the criteria required for hyaluronic acid (Supartz) injections, steroid, supartz injections times four to the left knee are not medically necessary.