

<b>Case Number:</b>	CM15-0015330		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Arizona, California  
 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 an 80 year old male who sustained an industrial injury reported on 3/30/2013. He has reported frequent pain and issues of his right wrist, hand and fingers, and right knee pain. The diagnoses have included old, healed, right hand fracture - 5th digit; right wrist post-traumatic arthritis and right carpal tunnel syndrome; and right knee arthritis. Treatments to date have included consultations; diagnostic imaging studies; electrodiagnostic studies (12/14); physical therapy treatments; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary and back to work on regular work duties since 4/28/2014. A progress note on 10/3/14 indicated the claimant had severe arthritis on right knee x-ray. A progress note on 12/9/14 indicated the claimant had medial right knee joint pain and crepitus with 5/10 pain. The physician requested 5 SUPARTZ injections. On 12/23/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/18/2014, for SUPARTZ injection to the right knee x 5. The Official Disability Guidelines, treatment Index, knee and leg/Hyaluronic acid injections, criteria for Hyaluronic acid injections, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injection x 5 to the right knee:** 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 Knee pain and Hyaluronic Injections

**Decision rationale:** According to the guidelines, Hyaluronic injections (Supartz) must meet the following: Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; Some studies suggest up to 3 injections. In this case, the response to injections is unknown to determine its efficacy or if 5 would be needed. As a result, the request for 5 Supartz injections in advance is not medically necessary.