

<b>Case Number:</b>	CM15-0016957		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/14/2015
<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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 61 year old male, who sustained an industrial injury on December 30, 2013. The diagnoses have included osteoarthritis and meniscal tear of the right knee. Treatment to date has included physical therapy, activity restrictions, and medications. Currently, the injured worker complains of worsened right knee pain, unable to take anti-inflammatory medications because of the gastrointestinal (GI) side effects. The Treating Physician's report dated January 5, 2015, noted the examination of the right knee to show tenderness along the medial joint line and peripatellar region, with McMurray's maneuver producing some pain referable to the medial joint line. A MRI of the left knee was noted by the treating physician to show evidence of degenerative changes consistent with osteoarthritis, although there is no formal documentation of MRI results. On January 14, 2015, Utilization Review non-certified five (5) Supartz injections to the right knee, noting the submitted data did not provide objective physical or imaging findings of early osteoarthritis of the knee. The Official Disability Guidelines (ODG), Knee & Leg, updated October 27, 2014, was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of five (5) Supartz injections to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Five (5) supartz injections to right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg

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

**Decision rationale:** The MTUS does not include recommendations regarding use of hyaluronic acid injections, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. The provided medical records show no documentation of weight-bearing films to evaluate joint space narrowing, and no actual MRI results indicating objective evidence of osteoarthritis. Additionally there is no documented history of steroid injections or other preferred treatment modalities. The ODG criteria for hyaluronic acid injections include significant symptomatic osteoarthritis without adequate response to recommended conservative treatment (exercise, etc.) and pharmacologic treatments or intolerance to these therapies after at least three months. The criteria also include pain interfering with functional activity and failure to respond to steroid injections. In this case, within the limitations of the provided medical records, there is insufficient evidence to support the medical necessity of the treatment request for hyaluronic acid injections. The request is not medically necessary.