

<b>Case Number:</b>	CM15-0112270		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Texas, 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:

This is a 57-year-old female patient, who sustained an industrial injury on 04/23/2014 secondary to a slip and fall. The diagnoses have included left knee medial compartment osteoarthritis. Per the doctor's note dated 04/24/2015, she had complaints of bilateral knee, wrists and hand pain. The physical examination revealed decreased range of motion, decreased strength and sensation; left knee- decreased range of motion with mild crepitus on range of motion. Decreased quadriceps strength was noted as well. The medications list includes tramadol. She has had aquatic therapy for this injury. The provider requested 5 Supartz injections to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **5 Supartz injections to the left 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 (ODG), Knee and Leg, 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) Chapter: Knee & Leg (updated 07/10/15) Hyaluronic acid injections.

**Decision rationale:** 5 Supartz injections to the left knee. ACOEM and CA MTUS do not address this request. Per the ODG Guidelines 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, 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. 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. Detailed evidence of significantly symptomatic osteoarthritis is not specified in the records provided. Diagnostic reports of the left knee demonstrating severe osteoarthritis is not specified in the records provided. Response to previous conservative/non invasive therapy for the left knee is not specified in the records provided. Any intolerance or lack of response to standard oral pharmacologic treatment (NSAIDS) is not specified in the records provided. The medical necessity of 5 Supartz injections to the left knee is not established in this patient at this time. The request is not medically necessary.