

<b>Case Number:</b>	CM15-0119745		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old female with a September 16, 2008 date of injury. A progress note dated January 8, 2015 documents subjective complaints (bilateral knee pain; locking of the knees; bilateral knee swelling, left greater than right), objective findings (mild left thigh muscle atrophy; mild patellar femoral joint crepitation on the left; moderate left anterior lateral joint line tenderness, moderate posterior lateral joint line tenderness, moderate lateral femoral condyle tenderness, mild anterior medial joint line tenderness; decreased range of motion of the left knee; pain elicited with active flexion; mild atrophy of the left quadriceps; painful lateral McMurray; positive patellar compression test; positive patellar crepitation test; right knee with moderate anterior lateral joint line tenderness, moderate posterior lateral joint line tenderness; right knee effusion; decreased range of motion of the right knee; pain elicited in the right knee with active flexion; painful lateral McMurray; positive patellar compression test; positive patellar crepitation test; antalgic gait favoring the left), and current diagnoses (osteoarthritis unspecified of the lower leg; tear of the lateral cartilage/meniscus of the knee). Treatments to date have included Supartz injections of the knees with good improvement for approximately three months, medications, and knee surgeries. The treating physician documented a plan of care that included Supartz injections times five of the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injections times 5, bilateral knees with ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The claimant sustained a work-related injury in September 2008 and continues to be treated for bilateral knee pain. When seen, Supartz injections had been done 4 months before and there had been good improvement for three months. She was having increased locking, swelling, and pain. There was bilateral joint line tenderness with decreased and painful range of motion. There was positive McMurray and Patellofemoral compression testing. X-rays of the knees in July 2014 had shown findings of osteoarthritis. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant had only three months of improvement when the repeat series of injections was requested. A repeat series is not medically necessary.