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| <b>Case Number:</b>   | CM15-0119952 |                              |            |
| <b>Date Assigned:</b> | 06/30/2015   | <b>Date of Injury:</b>       | 04/25/2012 |
| <b>Decision Date:</b> | 07/29/2015   | <b>UR Denial Date:</b>       | 05/14/2015 |
| <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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male, who sustained an industrial injury on 4/25/2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include osteoarthritis, chondromalacia of patella, joint pain, and knee pain. He is status post right meniscectomy in 2012. Treatments to date include NSAIDs, narcotic, activity modification, and therapeutic joint injections. Currently, he complained of increased weakness, stiffness and pain in the right knee associated with swelling since February 2015. On 3/31/15, the physical examination documented patella tenderness, grating, and positive inhibition test. The provider documented the treating diagnoses included "status post right medial meniscectomy with grade 2-3 changes in medial femoral condyle and grade 2 changes in lateral plateau with grade 2 changes in patellofemoral joint". The plan of care included Supartz injections x 5 for right knee under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injections x 5 for the right knee under ultrasound guidance:** 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), criteria for Hyaluronic acid or Hylan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

**Decision rationale:** According to ODG guidelines, Hyaluronic acid injections is Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. There is no documentation that the patient suffered from osteoarthritis that failed medications and physical therapy. There is no clinical and radiological evidence of severe osteoarthritis. in addition, the patient underwent supartz injections in 2013 without significant functional improvement. Therefore, the prescription of Supartz injections x 5 for the right knee under ultrasound guidance is not medically necessary.