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| <b>Case Number:</b>   | CM15-0120227 |                              |            |
| <b>Date Assigned:</b> | 06/30/2015   | <b>Date of Injury:</b>       | 12/15/2002 |
| <b>Decision Date:</b> | 08/13/2015   | <b>UR Denial Date:</b>       | 06/16/2015 |
| <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 49 year old male who sustained an industrial injury on 12/15/00. Initial complaints and diagnoses are not available. Treatments to date include medications and bilateral knee surgeries. Diagnostic studies are not addressed. Current complaints include persistent pain in the bilateral knees. Current diagnoses include bilateral knee posttraumatic osteoarthritis. In a progress note dated 05/11/15 the treating provider reports the plan of care as 5 Supartz injections to the bilateral knees. The requested treatments include 5 Supartz injections to the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of Supartz (sodium hyaluronate) 2.5 ml injection x5 to the bilateral knees:** 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 Chapter, Hyaluronic Acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. Therefore the prescription of Series of Supartz (sodium hyaluronate) 2.5 ml injection x5 to the bilateral knees is not medically necessary.