

<b>Case Number:</b>	CM15-0120582		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	07/31/2015	<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: Indiana, Michigan, 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:

The injured worker is a 49 y/o male who fell at work on 9/18/2009 injuring his left knee. Treatment has included oral medications, physical therapy, Supartz injection as well as two left knee surgeries consisting of a partial and subtotal medial meniscectomy. MRI of the left knee was completed on 5/22/2015 and revealed post-operative changes, mild osteoarthritis and no ligamentous injuries. Diagnoses include pain at left knee, sprain/strain of the left knee and left knee arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 5 (five) 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: Knee chapter - Hyaluronic Acid or Hylan injections.

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

**Decision rationale:** Official Disability Guidelines recommend that for repeat injections pain relief for 6 months or more with recurrence of symptoms is needed. Documentation reveals previous Supartz injection improved symptoms but there is insufficient documentation of pain relief for 6 months. Therefore, the request for a series of 5 Supartz injections to the left knee is not medically necessary and appropriate.