

<b>Case Number:</b>	CM15-0176210		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	10/23/2000
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 10-23-2000. He has reported subsequent right knee pain and was diagnosed with post-traumatic osteoarthritis of the right knee status post right knee medial and lateral meniscectomy. X-rays of the right knee revealed moderately severe tricompartmental arthrosis. Treatment to date has included oral and topical pain medication, intra-articular knee injections, physical therapy and surgery. In a progress note dated 05-13-2015, viscosupplementation was noted to provide no improvement but medications were noted to help take the edge of pain and allow the injured worker to function better with activities of daily living. In a progress note dated 07-31-2015, the injured worker reported continued right knee pain that had not improved since the last exam and was rated as 6 out of 10. There were no objective examination findings of the body systems documented. The physician noted that the injured worker had received a cortisone injection in 01-2015 which provided one month of relief and then wore off and that a series of Viscosupplemental injections of the right knee were recommended. A request for authorization of retrospective Supartz injections to the right knee under ultrasound guidance #5 (DOS 7/31/15) was submitted. As per utilization review (08-14-2015), the request for retrospective Supartz injections to the right knee under ultrasound guidance #5 (DOS 7/31/15) was non-certified.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Supartz injections to the right knee under ultrasound guidance #5 (DOS 7/31/15): 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 & Leg-Acute & Chronic: Criteria for 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) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant has a remote history of a work injury in October 2000 and is being treated for advanced right knee osteoarthritis. An intraarticular knee injection was performed in January 2015 and provided pain relief lasting for one month. In May 2015, a series of viscosupplementation injections is referenced as having provided no improvement. When seen, pain was rated at 6/10. He was taking Norco and Flexeril. An x-ray showed severe osteoarthritis. A series of viscosupplementation injection with ultrasound guidance is being requested. 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 no apparent improvement after a previous series of injections and a repeat series is not medically necessary.