

<b>Case Number:</b>	CM15-0063414		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 53 year old male, who sustained an industrial injury on 11/12/2002. The current diagnoses are osteoarthritis of the right knee with medial compartment arthropathy, synovitis of the right knee and status post bilateral knee arthroscopies. The X-ray of the knees showed medial compartment arthropathy and synovitis. According to the progress report dated 3/9/2015, the injured worker complains of bilateral knee increased pain and discomfort with right worse than left. Additionally, he reports associated swelling and knee stiffness. There was positive crepitus, effusion and positive McMurray test. There was knee stiffness that was noted to cause decrease in ADL. The current medications are Relafen. Treatment to date has included medication management, physical therapy and surgical intervention. The plan of care includes ultrasound guided Supartz injection #5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided Supartz injection #5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Pain Chapter Knee.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of knee pain when conservative treatments with medications and PT have failed. The guidelines recommend that hyaluronic acid derivatives injections can be utilized for treatment of severe arthritis before consideration for major knee surgery. The records indicate that the patient have completed medications management, PT and arthroscopic surgeries. There are subjective, objective and radiological findings indicative of worsening pain and knees arthropathy condition. The criteria for the use of ultrasound guided Supartz injections #5 were met. Therefore, the requested medical treatment is medically necessary.