

<b>Case Number:</b>	CM15-0073129		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 59 year old female who sustained an industrial injury on February 3, 2010. She reported an injury to her left knee. Prior treatment includes physical therapy, medications, MRI of the left knee and low back, ice therapy and acupuncture. Currently the injured worker complains of intermittent low back pain and constant left knee pain. She rates her low back pain and her left knee pain a 6-8 on a 10-point scale. Diagnoses associated with the request chronic right knee pain and right knee osteoarthritis. The treatment plan includes injection of Supartz.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injections of the right knee with fluoroscopy, quantity of five:** 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 Chapter.

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

**Decision rationale:** According to the ODG criteria for hyaluronic acid injections are as follows. Patients experiencing significant symptomatic osteoarthritis but have not responded adequately to conservative treatment after at least 3 months. Documented symptomatic severe arthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and over the age of 50. Generally performed without fluoroscopic or ultrasound guidance. In this case the IW has had viscosupplementation previously without defined subjective improvement in pain or function. The request is not medically necessary.