

<b>Case Number:</b>	CM15-0091918		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial injury on December 3, 2009. She complains of persistent left knee pain and has been diagnosed with osteoarthritis of the left knee. Treatment has included medical imaging, surgery, medications, bracing, and therapy. Physical examination noted global tenderness about the left knee with severe varus thrust on ambulation. X-rays of the left knee and tibia showed advanced tricompartmental osteoarthritis. The treatment request included series of 5 Supartz injections on the left knee and urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 5 Supartz injections on 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 (ODG), Knee & Leg - 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 and Leg Chapter/Hyaluronic Acid Injections.

**Decision rationale:** The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. Per ODG guidelines, Supartz injections are 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. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. There is no documented evidence that the injured worker has failed with conservative treatments. The request for a series of 5 Supartz injections on the left knee is determined to not be medically necessary.

**Urine Toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker had a urine drug test in April 2015. The medical reports do not provide a rationale to establish medical necessity for another urine drug screen at this short interval. The request for urine toxicology screen is determined to not be medically necessary.