MAXIMUS Federal Services

| Case Number: | CM15-0095967 | | |
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| Date Assigned: | 05/22/2015 | Date of Injury: | 09/24/2012 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

## 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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 47-year-old female, with a reported date of injury of 09/24/2012. The diagnoses include knee joint stiffness, knee joint pain, and tear of medial cartilage or meniscus of the knee. Treatments to date have included x-rays of the bilateral knees in 01/2015, which showed patellofemoral osteoarthritis, right knee arthrotomy with allograft and patellar ligament reconstruction in 01/2013, and an MRI of the right knee, which showed tri-compartmental osteoarthritis.The progress report dated 03/06/2015 indicates that the injured worker continued to have aching pain and stiffness in her bilateral knees. She rated her pain 7 out of 10. The objective findings include increased bilateral knee pain and walking with a limp due to pain. It was noted that the injured worker's knee symptoms were increasing. The treating physician believed that she would benefit from a series of Supartz viscosupplemental injection to both knees to help alleviate pain. The injections were to be performed once a week for five weeks under ultrasound guidance to assure proper needle placement for maximum results. The treating physician requested a series of five (5) Supartz injections for the right knee under ultrasound.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz Injections, Right Knee, series of 5 under ultrasound:** 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, Hyaluronic Acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections.

**Decision rationale:** According to ODG guidelines, Hyaluronic acid injections is "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), too potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best". Generally, these injections are performed without fluoscopic or ultrasound guidance. In this case, there is no documentation as to why the provider requested the injections under ultrasound guidance. Therefore, the prescription of Series of 5 supartz injection under ultrasound guidance for the right knee is not medically necessary.