

<b>Case Number:</b>	CM13-0024668		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52 year old male who was injured on 07/30/2002. The mechanism of injury is unknown. The patient underwent left knee arthroscopic partial meniscectomy, chondroplasty on 08/28/2008 and left knee arthroscopic medial meniscectomy in 1990. He has been treated conservatively with seven lumbar spine sympathetic blocks, spinal cord stimulator, and 2 cortisone injections to the bilateral knees with little benefit. AME report dated 07/22/2013 indicates the patient complained of bilateral knee pain. He has difficulty walking and performing certain activities such as going up and down stairs, kneeling or squatting. He reported the right knee hurts when he walks. On exam, he has an antalgic gait. There is atrophy of the left thigh. The lumbar spinous processes reveals no tenderness. Range of motion of the lumbar spine was within normal limits. Range of motion of bilateral knees reveal extension to 10 degrees on the right and 15 degrees on the left; and flexion to 120 degrees bilaterally. Tenderness and pain is noted over the left medial joint compartment. He is unable to squat fully on exam due to pain in the right knee. It was noted on this report that the patient had x-rays of the bilateral knees on 09/17/2012 revealing right MJC 2-3 mm and left MJC 1 mm; No traction spurs were noted. Sunrise projection showed degenerative changes centrally located patella. On note dated 07/15/2013, the patient is documented as having a diagnosis of lower limb sympathetic reflex dystrophy, lower leg joint pain, left lower extremity complex regional pain syndrome, and chronic left knee pain. He was instructed to continue with home exercises and to maintain a pain log. Prior utilization review dated 09/06/2013 states the request for three (3) Euflexxa viscosupplementation injections to the left knee is not medically necessary as there is no documented evidence to warrant this request. The 8/19/13 report from provider stated that the patient had prior viscosupplementation with little benefit. Therefore, repeat injection is not reasonable or necessary.

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

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

### **THREE (3) EUFLEXXA VISCOSUPPLEMENTATION INJECTIONS TO THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Hyaluronic Acid Injections.

**Decision rationale:** Guidelines state that Hyaluronic acid injections are recommended for severe osteoarthritis, which is not clearly established in the medical records. In addition, prior utilization review dated 09/06/2013 documented that the 8/19/13 report from provider stated that the patient had prior viscosupplementation with little benefit. Therefore, the medical necessity is not established.