

<b>Case Number:</b>	CM13-0062805		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 12/01/2011. The mechanism of injury was not submitted. The patient was diagnosed with chondromalacia, right patella. The patient denied buckling, locking, or giving way, but was aware of pain in the anterior and anterolateral aspect of the knee. The patient also reported grinding with movement. The physical examination revealed range of motion from 0 degrees to 130 degrees. Palpation of the knee revealed trace effusion. There was retropatellar crepitus with knee flexion and extension. There was minimal tenderness with palpation of the medial and lateral patellar retinaculum. An x-ray revealed no joint space narrowing of the femoral tibial compartment. The patellofemoral view showed minor irregularity along the medial facet of the patella of the symptomatic right knee. There were no loose bodies or calcific deposits. The patient was recommended a series of 3 Euflexxa injections once per week for 3 weeks for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THREE (3) EUFLEXXA INJECTIONS FOR RIGHT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute's Official Disability Guidelines (ODG)

**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:** CA MTUS/ACOEM does not address the request. The Official Disability Guidelines state hyaluronic acid injections are not recommended for any other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, or patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment syndrome, or for the use in joints other than the knee. The patient complained of knee pain; however, the patient was diagnosed with chondromalacia patella which is contraindicated for hyaluronic acid injections. Given the lack of documentation to support guideline criteria, the request for three (3) Euflexxa injections for right knee is not medically necessary and appropriate.