

<b>Case Number:</b>	CM14-0004023		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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, has a subspecialty in Pain 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 injured worker is a 42 year old female who reported an injury on 09/12/2012 due to slipping on a wet floor and fell. The injured had right knee chondroplasty and partial lateral meniscectomy on 06/20/2013. Follow up physical examination on 10/21/2013 revealed mild swelling and pain in the right knee. The right had positive 1 joint effusion. Range of motion was 0-105 degrees, stable to varus and valgus stress, tenderness over the lateral femoral condyle. Diagnostic studies were preoperative MRI of the right knee on 03/05/2013. The injured worker had been following with physical therapy post-operative. Diagnoses for the injured worker were other derangement of lateral meniscus right, and degenerative tear of the lateral meniscus status post partial lateral meniscectomy. Medications mentioned for the injured worker were anti-inflammatories. The treatment plan was to include anti-inflammatories, physical therapy, weight loss, and intermittent injections of Euflexxa. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EUFLEXXA 10 MG PER ML, (#6): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Pain, Hyaluronic Acid Injections.

**Decision rationale:** The request for Euflexxa 10mg per ml is not medically necessary. The Official Disability Guidelines states this injection is for the treatment of osteoarthritis. There should be documented symptomatic severe osteoarthritis of the knee, which may include the following, bony enlargement, bony tenderness, crepitus on active motion, over 50 years of age. Recommended as a possible option for severe osteoarthritis for people who have not responded adequately to recommended conservative care (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. Recent studies have found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first six weeks after surgery, and concluded that routine use of hyaluronic acid after knee arthroscopy cannot be recommended. The injured worker has no documentation of medications that were taken for pain relief. Also the injured worker does not have a diagnosis of osteoarthritis. Given the above the request is not medically necessary.