

<b>Case Number:</b>	CM14-0007052		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old male who has submitted a claim for chondromalacia of the patella associated with an industrial injury date of May 17, 2012. Medical records from 2012 to 2014 were reviewed. The patient complained of left knee pain. Physical examination showed 0-120 degrees flexion of the left knee, no laxity with varus and valgus stress, and positive patellar apprehension test. Treatment to date has included NSAIDS, opioids, topical analgesics, and left knee arthroscopy. Utilization review from December 13, 2013 denied the request for Euflexxa injection x3 left knee because failure of lower levels of care consisting medications or corticosteroid injections were not documented.

### 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 THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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:** CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative treatments after at least 3 months; pain interferes with functional activities; and not currently candidates for total knee replacement or who have failed previous knee surgery. In this case, the patient was diagnosed with chondromalacia of the patella last October 2013. Progress notes from March 6, 2013 reported that physical therapy for the left knee was recommended. However, there were no reports that the patient had physical therapy sessions for the left knee. In addition, there were no reports of failure of oral pain medications. Furthermore, there is insufficient clinical information regarding limitation in activities of daily living(ADLs) attributable to the left knee. The patient had arthroscopy of the left knee, however, the date and operative report were not included in the medical records. Therefore, the request for three Euflexxa injections for the left knee is not medically necessary.