

<b>Case Number:</b>	CM14-0106317		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 & Rehab and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56 year old female was reportedly injured on October 5, 2010. The mechanism of injury is undisclosed. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of bilateral knee pain. Current medications include Vicodin. The physical examination demonstrated tenderness on the medial aspect of the right knee and over the patellofemoral joint of the left knee. Diagnostic imaging studies of the left knee, dated May 2, 2012, noted internal derangement. There was a small joint effusion and Baker's cyst. Previous treatment included a left knee arthroscopy and partial lateral meniscectomy, femoral chondroplasty, and synovectomy with postoperative physical therapy. There was also previous treatment with a Synvisc One injection. A request was made for left knee Euflexxa injections x 3 and was not certified in the preauthorization process on June 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left Knee Euflexxa Injection x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/knee chapter - Hyaluronic acid injections (Karisson, 2002) (Leopold, 2003) (Day, 2004)The California Technology Assessment Forum (CTAF, 2012).

**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, Hyaluronic Acid Injections, updated June 5, 2014.

**Decision rationale:** Official Disability Guidelines (ODG) does not recommend hyaluronic acid injections for individuals without severe osteoarthritis of the knee. Additionally, repeat injections were not recommended if a previous injection did not provide relief for six months or more. According to the medical record, the injured employee has been diagnosed with chondromalacia of the femoral trochlear, which is not a condition of severe osteoarthritis. Furthermore, the recent MRI of the left knee only noted a small joint effusion and the presence of a Baker's cyst. Furthermore, the administration of a previous Synvisc One injection for the injured employee did not provide significant pain relief. For these reasons, this request for left knee Euflexxa injections x 3 are not medically necessary.