

<b>Case Number:</b>	CM14-0109165		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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 52 year-old male was reportedly injured on 9/26/2013. The mechanism of injury is not listed in these records reviewed. The claimant underwent right knee arthroscopic surgery on 1/16/2014. The most recent progress note dated 7/25/2014, indicates that there are ongoing complaints of knee pain. Physical examination demonstrated range of motion 0 - 130 degrees; palpable pain over his synovial fold anteromedially and medial femoral condyle; moderate effusion; medial joint line pain; crepitation with active flexion and extension. Plain radiographs show medial joint space narrowing in bilateral knees. An MRI of the right knee dated 5/2/2014 demonstrated free edge blunting of the posterior horn and body of the medial meniscus with a small remnant fragment in the peripheral zone, irregular post-menisectomy change vs tear; high grade chondrosis of the medial trochlea; low grade chondrosis with mild chondral thinning of peripheral medial meniscal, and small effusion. Diagnosis: knee osteoarthritis. Previous treatment includes knee surgery, knee injections, unloaded knee brace, physical therapy and medications. A request had been made for Euflexxa Injection to bilateral knees (x 6), which was not certified in the utilization review on 7/1/2014..

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa Injection to bilateral knees (x 6):** Overturned

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Knee Disorders - Knee Pain and Osteoarthritis: Clinical Measures, Injection Therapy (electronically sited).

**Decision rationale:** MTUS treatment guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to non-invasive treatments. Review of the available medical records documents knee pain with positive exam and diagnostic imaging findings consistent with osteoarthritis of the knees. He has failed to improve with conservative treatment, physical therapy and an unloaded brace as well as arthroscopic knee surgery which confirmed the diagnosis of osteoarthritis. This request is considered medically necessary.