

<b>Case Number:</b>	CM14-0012730		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/20/2003
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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 55-year-old male with an injury reported on 1/20/03. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/30/13, reported that the injured worker complained of low back and bilateral knee pain. Upon physical examination the injured worker had bilateral lumbosacral paraspinous tenderness. The injured worker had a positive straight leg raise bilaterally. The examination of the left knee showed full flexion, and almost full extension. The right knee had crepitus, full flexion, and almost full extension. The injured worker's prescribed medication list included Ambien CR, Celebrex, Neurontin, Norco, Prilosec, and Soma. The injured worker's diagnoses included radiculopathy lumbosacral region, sprain/strain lumbosacral, knee/lower leg pain, cervicgia, and status post arthroscopic surgery to the left knee. During the physical examination the post-operative ace wrap to the left knee was noted. A surgical report dated 11/7/13, revealed that the injured worker had the left knee arthroscopic revision and partial medial meniscectomy with medial femoral condyle chondroplasty. The preoperative MRI revealed a significant left knee medial meniscus tear, fairly well maintained joint spaces, and chondromalacia on the medial femoral condyle as well as genu varum.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE (3) EUFLEXXA INJECTIONS TO LEFT KNEE UNDER ULTRASOUND GUIDANCE:** Upheld

**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 (ODG) Knee & Leg, Hyaluronic acid injections.

**Decision rationale:** EUFLEXXA is a gel-like, highly purified form of hyaluronic acid. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), and pharmacologic treatments, or if the injured worker is intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). The guidelines note there should be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, pain which interferes with functional activities (e.g., ambulation, prolonged standing) and is not attributed to other forms of joint disease, and failure to adequately respond to aspiration and injection of intra-articular steroids. There is a lack of clinical documentation indicating the injured worker has severe osteoarthritis of the left knee. The injured worker had a left knee arthroscopic revision on 11/7/13. The preoperative MRI revealed a significant left knee medial meniscus tear. A postoperative MRI or xray of the left knee was not provided. Per the physical examination, there is a lack of evidence indicating the left knee had bony enlargement, bony tenderness, or crepitus on active motion. Within the provided documentation, there is a lack of an adequate and complete assessment of the injured worker's functional condition. There is a lack of documentation indicating significant functional deficits to the left knee were present. As such, the request is not medically necessary.