

<b>Case Number:</b>	CM14-0111082		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/27/2006
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 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 47 year old male injured on 12/27/06 due to an undisclosed mechanism of injury. The injured worker complained of constant bilateral shoulder pain, bilateral elbow pain, and bilateral knee pain. Diagnoses include bilateral shoulder sprains, bilateral elbow sprains, right knee sprain superimposed on prior surgery, status-post right knee arthroscopic surgery performed in 2011, status-post left knee arthroscopic surgery performed in 2007. Agreed Medical Exam performed on 04/02/12 indicated the injured worker received Cortisone injection and Supartz injections to bilateral knees with some benefit. Updated right knee magnetic resonance imaging on unknown dated revealed worsening of the right knee condition. The injured worker had 13 sessions of postoperative physical therapy and placed on temporary total disability. The injured worker continued to complain of bilateral shoulder and bilateral elbow pain with numbness in bilateral shoulders at night. Medications included Tramadol and over the counter Tylenol. There was no subsequent clinical documentation provided for review. The initial request for Euflexxa injections series of 3 for the bilateral knees was initially non-certified on 06/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa Injections Series of 3 for the Bilateral Knees: 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 & Leg: Hyaluronic acid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Euflexxa (hyaluronate)

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, a series of three injections of Euflexxa (hyaluronate) are recommended as an option for osteoarthritis. There were no recent clinical records submitted for review limiting the ability to establish the injured worker's current clinical status and substantiate the medical necessity of the requested procedure. As such, the request for Euflexxa Injections Series of 3 for the Bilateral Knees cannot be recommended as medically necessary.