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| <b>Case Number:</b>   | CM14-0112833 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 10/04/2000 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 06/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/20/2014 |

### 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 & Rehabilitation and is licensed to practice in California. 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 59-year-old female with a reported date of injury on 10/04/2000. The mechanism of injury was noted to be a fall. Her diagnoses are noted to include tear of medial cartilage or meniscus of knee, pes anserine bursitis, quadriceps tendinitis and arthritis of the left knee. Her previous treatments were noted to include medications, cortisone injections, Euflexxa injections, physical therapy and surgery. The progress note dated 06/24/2014 revealed the injured worker complained of pain over the pes bursa and deep in the knee joint. She described cracking and popping and a catching sensation with mild swelling of the left knee. The injured worker has undergone the usual customary conservative treatment in the past with some temporary benefit. The injured worker has had injections with Euflexxa 06/2011 and they were very helpful. The physical examination revealed mild effusion and positive patellofemoral crepitus and tenderness to the joint line medially, laterally and centrally. There was a normal range of motion and strength in the lower extremity was normal. The Request for Authorization form was not submitted within the medical records. The request was for Euflexxa injections to the left knee for knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injections left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute and Chronic), 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 and Leg, Hyaluronic Acid Injections.

**Decision rationale:** The request for Euflexxa injections to the left knee is not medically necessary. The injured worker has had previous Euflexxa injections with benefit. 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, such as with exercises, NSAIDs, or acetaminophen, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears moderate at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans or patellofemoral syndrome. The guidelines criteria for hyaluronic acid injections are, patients experience significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments or are intolerant of these therapies after at least 3 months. There is documented symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age. The criteria states pain must interfere with functional activities such as ambulation and prolonged standing and not attributed to other forms of joint disease, failure to adequately respond to aspiration/injection of intra-articular steroids, and generally must be performed without fluoroscopic or ultrasound guidance. The criteria also states the injured worker must not be current candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. Repeat series of injections state, if documented significant improvement in symptoms for 6 months or more and symptoms recur, it may be reasonable to do another series. There is a lack of documentation regarding severe osteoarthritis of the knee in regards to bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and palpable warmth of synovium. There is a lack of documentation regarding pain interfering with functional activities, as the injured worker is full time at her job, and the guidelines state the injured worker must not be a current candidate for a total knee replacement or have had failed knee surgery for their arthritis. However, the injured worker has had previous knee surgery and is a candidate for future total knee replacement. Therefore, due to the lack of documentation regarding symptoms of severe osteoarthritis of the knee, the injured worker being a candidate for future total knee replacement and lack of documentation regarding previous improvement for 6 months or more with previous Euflexxa injections, repeat Euflexxa injections are not appropriate at this time. Therefore, the request is not medically necessary.