

<b>Case Number:</b>	CM14-0117155		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Orthopedic Surgery 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 claimant is a 49-year-old gentleman who injured his left knee on 09/11/12. The medical records provided for review document that prior treatment has included knee arthroscopy with meniscectomy and debridement on 05/15/14. Since surgery, a series of Euflexxa injections for the left knee provided only minimal improvement. A 06/26/14 orthopedic follow up described continued left knee complaints with examination showing 0-115 degrees range of motion, no effusion, soft tissue swelling with positive medial joint line tenderness. Working assessment was degenerative arthritis of the left knee. A repeat "authorization for left knee Euflexxa injection" was recommended at that time. Formal documentation of claimant's underlying degenerative change is not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa Cortizone Injection 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: Knee & Leg (Acute & 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure Hyaluronic acid injections.

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, further Euflexxa injections would not be indicated. The records document that the claimant underwent in May, 2014, a series of Euflexxa injections which was noted to provide only minimal relief. There is no documentation of six months of quality relief or benefit that would support the role of repeat injection as recommended by the ODG Guidelines. There is also currently no documentation of the claimant's underlying degenerative arthritis to support diagnosis for the procedure. Therefore, the request is not medically necessary.