

<b>Case Number:</b>	CM14-0120499		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/01/1990
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Orthopaedic 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:

This 62-year-old male sustained an industrial injury on 01/01/90. The mechanism of injury was not documented. The patient was 3 years status post arthroscopy and debridement of the left knee. The 5/14/14 left knee MRI impression documented post-operative changes with metallic artifact overlying the proximal tibial and small joint effusion grossly unchanged. There was mild to moderate chondromalacia/osteoarthritis changes in the patellofemoral compartment unchanged. There was mild tendinosis/fibrosis involving the patellar tendon. There was mild myxoid change in the posterior horn of the medial meniscus without definite meniscal tears. Minimal early chondromalacia may be present in the medial compartment. The 7/7/14 treating physician report cited some increasing left knee discomfort over the last several months. He had pain with stair climbing, squatting or kneeling. He underwent an MRI that showed chondromalacia patella. The cortisone shot at the last visit did not provide significant improvement. Physical exam documented mild tenderness to palpation over the medial joint line and about the patellar facets, range of motion was full and painless, McMurray's was positive for all joint lines, and strength would be graded as good at best. The treatment plan recommended prescription anti-inflammatory medications and Euflexxa. The 7/16/14 utilization review denied the request for Euflexxa as the diagnosis was limited to chondromalacia which is not a supported indication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa Kit #1 X 3 Prefilled Syringes Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-39, 340.

**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 California MTUS guidelines do not provide recommendations for viscosupplementation in chronic knee complaints. The Official Disability Guidelines state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, Non-Steroid Anti-Inflammatory Drugs (NSAIDs) or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. Guideline criteria have not been met. The patient does not present with severe osteoarthritis. Clinical findings include mild tenderness, full and pain free range of motion, and good strength. There are imaging findings of chondromalacia patella. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for Euflexxa Kit #1 X 3 prefilled syringes left knee is not medically necessary.