

<b>Case Number:</b>	CM14-0127430		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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:

This is a 36-year-old gentleman who was injured while carrying a 50 pound object when he slipped and fell resulting in the onset of pain in the right knee on 08/13/13. The records provided for review document that the claimant underwent an anterior and posterior cruciate ligament repair, lysis of adhesions, and partial medial and lateral meniscectomy and debridement on 01/22/14. Post-operatively, the claimant has continued to experience pain, stiffness, and weakness. A 7/10/14 office note documented that examination showed 95 degrees range of motion, patellofemoral joint crepitation, and lateral joint line tenderness. Plain film radiographs showed joint space narrowing medially. The records do not document any corticosteroid injections or arthroscopic evidence of degenerative findings. This review is for purchase of a medial unloader brace and a series of Euflexxa injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injections per dose:** 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 and Leg.

**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:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not support the use of Euflexxa injections (viscosupplementation injections) for this claimant. The medical records do not document that the claimant has a diagnosis of osteoarthritis as recommended by the ODG Guidelines to support the use of Euflexxa injections. There is also no documentation that the claimant has been treated conservatively with a corticosteroid injection. not be indicated. Without documentation of failure of standard pharmacological and non-pharmacological treatments to the knee, and a diagnosis of osteoarthritis, the request for viscosupplementation injections would not be indicated. Therefore, this request is not medically necessary.

**Medial unloader brace, right 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 and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** Based on California ACOEM Guidelines, an unloader brace would not be indicated. The medical records document that the claimant has complaints of knee stiffness seven months following an anterior cruciate ligament/posterior cruciate ligament repair. There is no documentation of instability of the knee to require bracing. In absence of documentation of objective findings of instability, the use of an unloader brace would not be specifically indicated. Therefore, this request is not medically necessary.