

<b>Case Number:</b>	CM14-0135867		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/06/1993
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 an 87-year-old who reported an injury on 02/06/1993. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included a herniated disc of the cervical spine, herniated disc of the lumbar spine, and status post left and right knee arthroscopy and menisectomy. The injured worker's past treatments included medications, injections, and surgery to her bilateral knees. Her diagnostic exams were not included in the clinical notes. The injured worker's surgical history included arthroscopy and menisectomy to her bilateral knees. Her medications included Norco and a Flector Patch. The dates of these surgeries were not indicated in the clinical notes. On 08/06/2014, she complained of constant pain to her bilateral knees that is exacerbated by prolonged walking and standing. The physical exam revealed an antalgic gait. There was also noted tenderness over the medial and lateral joint above both knees. It was noted that she had been treated for bilateral knee osteoarthritis with Euflexxa injections and they proved "helpful". The treatment plan included a series of 3 Euflexxa injections to the left knee, continuation of her home exercise program and continuation of her medications as needed. The rationale for the request was that previous injections had alleviated her pain and allowed her to better care for herself. The Request for Authorization form was submitted and signed on 08/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Euflexxa injection of the left knee, series of three (once weekly for three weeks):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 18th Edition (web) 2013 TWC Knee

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections

**Decision rationale:** The Official Disability Guidelines state that a quality study led to a recommendation that no more than 3 series of injections over a 5-year period should be administered, because effectiveness may decline. The criteria for repeat hyaluronic acid injections includes documented significant improvement of symptoms for 6 months or more and evidence that symptoms have recurred. It was noted that the injured worker had been previously treated with Euflexxa injections for her bilateral knee osteoarthritis and that they had proven to be "very helpful". There were no quantitative measurements to clearly identify the extent of the pain relief following the previous series of injections' efficacy and whether the effects continued for at least 6 months. There must be quantitative measurable outcomes documented to determine effectiveness. As well, the clinical notes did not specify the total number of series of injections to determine if the injured worker has received more than 3 series of injections over a 5-year period, because effectiveness may not be significant. Therefore due to lack of documentation indicating measurable functional outcomes after the last series of injections, lack of evidence to support a definitive diagnosis of osteoarthritis, and the unknown total number of injection series the injured worker has received in the last five years; the request is not supported. Furthermore, the request for one Euflexxa injection of the left knee, series of three (once weekly for three weeks) is not medically necessary or appropriate.