

<b>Case Number:</b>	CM14-0155291		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/10/1996
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 73 year old female who was injured on 12/10/1996. The diagnosis is bilateral knee arthritis. The past surgery history is significant for medial meniscectomy of the knee in 2013. The patient has completed physical therapy, medications treatment and Supartz injections. There is no documentation of the efficacy or length of beneficial effects from the Supartz injections. On 7/24/2014, [REDACTED] noted subjective complaint of intermittent stabbing pain in the left knee. The pain score was rated at 9/10 on a scale of 0 to 10. There was objective finding of what was classified as possible left knee joint effusion or Baker's cyst with tenderness to palpation at the joint line. The Lachman, drawer, and McMurray tests were negative. The rest of the examination was not remarkable. The patient was able to do heel and toe walking. The medications are meloxicam for pain and glucosamine for arthritis. A Utilization Review determination was rendered on 8/20/2014 recommending non-certification for three left knee injections with Euflexxa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three left knee injections with Euflexxa:** 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), Euflexxa

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The California MTUS did not specifically address the use of hyaluronic acid derivatives in the treatment of knee arthritis. The Official Disability Guidelines recommend that Viscosupplementation treatment can be utilized in the treatment of severe knee osteoarthritis when conservative treatment with NSAIDs and physical therapy has failed or as a bridge before surgical knee replacement procedure. The records indicate that the patient do not have subjective or objective findings indicative of severe osteoarthritis of the left knee. There is no documentation of the efficacy and duration of effect following previous injections with Supartz, another similar product. The guidelines recommend that injections can be repeated if there is documentation increased range of motion with decreased utilization of medications for at least 6 months following a prior series of Viscosupplementation injections. The criteria for three left knee injections with Euflexxa were not met. Therefore, this request is not medically necessary.