

<b>Case Number:</b>	CM14-0156422		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/19/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Physical Medicine & Rehabilitation 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 patient is a 58-year-old male who has submitted a claim for medial meniscus tear, knee pain, and chondromalacia associated with an industrial injury date of 5/19/2011. Medical records from 4/17/2013 up to 9/3/2014 were reviewed showing flare up of right knee pain. Prior to 9/3/2014, he was last seen 8 months ago and has had no additional injury to the knee. He has had Euflexxa 6 months ago with temporary relief of his pain. Current pain is described as frequent, dull, and aching. Pain is aggravated by squatting, walking, and twisting. He also complains of numbness which travels down into the right leg. Examination of the right knee revealed tenderness over the medial joint line, limited active extension, crepitus at the patellofemoral joint, 4/5 strength, and swelling localized to the knee. MRI of the right knee taken on 1/2013 showed no acute bony or soft tissue abnormalities and no joint space narrowing. Treatment to date has included Euflexxa, Vicodin, Cymbalta, trazodone, Ativan, Voltaren, Motrin, HEP, and surgeries. Utilization review from 9/10/2014 denied the request for Euflexxa injections x3 for the right knee. The patient has some findings suggestive of early OA and has had prior Euflexxa. There is no documentation of the post-injection response or reductions of medications following that series. For this recent flare of symptoms, there is no documentation of conservative measures. In fact, the patient has not been seen for 8 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injections x3 for the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Hyaluronic acid injections

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Knee and Leg Chapter was used instead. ODG states that hyaluronic acid injections are recommended in patients with significantly symptomatic osteoarthritis. Repeat courses of the hyaluronans are safe and effective in the treatment of pain associated with OA of the knee. Repeat series of injections are recommended if there is documentation of significant improvement in symptoms for 6 months or more. In this case, the patient complains of right knee pain. Prior to 9/3/2014, he was last seen 8 months ago and has had no additional injury to the knee. Currently he is taking Motrin, opioids, and continuing his HEP. He has had Euflexxa 6 months ago with temporary relief of his pain. However, there was no documentation of specific objective functional improvement with prior Euflexxa injections. In addition, the patient does not exhibit significant symptomatic osteoarthritis. There is no recent MRI of the knee to document osteoarthritis. Therefore, the request for Euflexxa injections x3 for the right knee is not medically necessary.