

<b>Case Number:</b>	CM14-0171375		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 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 injured worker is a 57-year-old male who reported injury on 04/27/2010. The mechanism of injury was the injured worker fell off of a ladder and landed on his right foot. The injured worker was noted to be utilizing a stiff brace and rocker sole shoes. Prior therapies and treatments included surgical intervention to include an open internal fixation of the talus and subtalar arthrodesis on 05/11/2010, a right knee medial meniscectomy and medial plica resection on 02/08/2011, and a left knee medial meniscectomy, medial plica resection and chondroplasty in the lateral femoral condyle on 10/30/2012. Diagnostic studies included x-rays. Medications included Vicodin, Soma and tramadol. The documentation of 06/30/2014 indicated the injured worker had bilateral knee and right ankle pain. The symptoms included swelling, tingling, weakness, stabbing pain, stiffness, and locking. The pain was noted to be moderate to severe. The injured worker had right patellofemoral crepitation and tenderness. The medial joint line was tender. The current medications included Ultram and Robaxin. The diagnosis included radiographic evidence of moderate arthritis with cartilage interval of 4 mm. The documentation indicated the injured worker's arthritis was not severe enough to warrant a knee replacement but it was painful enough that he wished treatment. The treatment plan included Euflexxa 3 times for the right knee. There was no rationale or request for authorization submitted for treatment for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injection to the left knee x 3: 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 & Leg, Hyaluronic Acid Injections

**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 Official Disability Guidelines recommend hyaluronic acid injections for injured workers with severe osteoarthritis who have not responded adequately to recommended conservative treatments including exercise, NSAIDs and acetaminophen to potentially delay knee replacement. There should be documentation of severe symptomatic osteoarthritis which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness and no palpable warmth of synovium and age over 50. There should be documentation of pain interfering with functional activities, a failure to adequately respond to aspiration and injection of intra-articular steroids and there should be documentation the injured worker is not currently a candidate for a total knee replacement or who had failed a prior surgery for arthritis. The clinical documentation submitted for review failed to provide documentation of severe osteoarthritis. There was a lack of documentation of pain interfering with functional activity and that the injured worker had failed to adequately respond to aspiration and injection of intra-articular steroids. There was documentation indicating that the injured worker was not currently a candidate for total knee replacement for the right knee. The physician documentation was requesting injections for the right knee. There was a lack of documentation requesting treatment for the left knee. Given the above, the request for Euflexxa injections to the left knee x3 is not medically necessary.