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| <b>Case Number:</b>   | CM14-0030547 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 02/10/2012 |
| <b>Decision Date:</b> | 07/22/2014   | <b>UR Denial Date:</b>       | 01/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2014 |

### 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 66 year old male who reported an injury on 02/10/2012 due to a fall, complained of right leg pain that radiates from low back around the posterior thigh to the anterior thigh, with no right knee pain but has decrease range of motion. On physical exam dated 01/29/2104, right knee there was well healed portal incisions, no effusion. Range of motion is at 0-100 degrees. The injured worker has no pain to the direct palpitation along the medial or lateral joint lines, negative McMurray's and bounce home test. The left knee showed no swelling or effusion, and had no swelling. Examination revealed negative McMurry's bounce home test, and negative Apley's compression distraction test. The injured worker diagnoses are joint pain left leg, osteoarthros, NOS left leg, tear medial meniscus knee, and chondromalacia. The treatment plan was one series of Euflexxa injection's quantity 3, and physical therapy to the knee quantity 12. The injured workers treatments/diagnostics were, the injured worker underwent a right knee arthroscopy with synovectomy, chondroplasty of the medial femoral condyle, and partial meniscectomy on 09/16/2013. The injured worker has completed 24 postoperative physical therapy sessions for the right knee. The request for authorization form was not submitted for review

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One series of Euflexxa Injections under ultrasound guidance quantity 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 and Leg Procedure.

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

**Decision rationale:** In regards to injections, the Official Disability Guidelines (ODG) states that hyaluronic acid injections are recommended as an option for osteoarthritis for patients who have not responded adequately to conservative non-pharmacologic treatment, (exercises, and or NSAIDs) or documented pain that interferes with functional activities. The injured worker had no documented pain related to the knees. On provider note dated 01/29/2014 objective findings are right knee no pain negative McMurray's and bounce home test, and left knee no swelling, negative McMurray's and bounce home test. The medical necessity for the requested treatment is not established. As such the request for one series of Euflexxa injections quantity 3 is not medically necessary.