

<b>Case Number:</b>	CM14-0085530		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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:

Medical records reflect the claimant is a 42 year old male who sustained a work injury on 8-5-10. The claimant is status post arthroscopic right knee with partial medial and lateral meniscectomy and chondroplasty of grade II - III chondromalacia a medial femoral compartment and LTP posterior medial aspect of the right knee on 11-14-06. The claimant underwent arthroscopy to the right knee with partial medial meniscectomy for mild one third medial meniscal tear and chondroplasty of the medial femoral condyle and trochlea on 7-15-08. Office visit on 5-30-13 notes the claimant had been given prior Synvisc injection on the right knee. A second Synvisc injection was provided on 5-30-13. A third Synvisc injection given on 6-6-13. Office visit on 4-21-14 notes the claimant has degenerative joint disease of the right knee. Euflexxa series and medications recommended. The claimant can return to work regular duties. X-rays of the right knee on 4-21-14 showed medial compartment joint space narrowing on the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa series to the right knee 1 times 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 (ODG)- Knee Procedure Summary, 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 chapter hyaluronic acid injections

**Decision rationale:** ODG notes that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. X-rays of the right knee on 4-21-14 showed medial compartment joint space narrowing on the right knee. There is no documentation of severe osteoarthritis. Prior series of Synvisc injections performed in 2013 not documenting significant pain relief. Therefore, based on the records provided, the medical necessity of this request is not established.