

<b>Case Number:</b>	CM14-0086485		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/30/2014
<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 Illinois. 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 40-year-old male with a reported injury on 05/14/2010. The mechanism of injury was cumulative trauma. The injured worker's diagnoses included status post four right knee arthroscopies and meniscectomies, status post left knee arthroscopy, and status post left knee arthroscopy partial medial meniscectomy. The injured worker had previous treatments of home exercise program, ice, elevation, cryotherapy, and electrical stimulation and physical therapy. The injured worker did have a physical therapy evaluation on 04/09/2014 where he complained of pain to his knee rated 3-4/10 with walking. Range of motion to his left knee was within normal limits. He lacked functional mobility, including the ability to climb stairs and steps, kneel, and squat due to right knee dysfunction. The injured worker did show range of motion and mobility improvements, muscle function improvements, and balance improvements. The provider recommended the injured worker be discharged from physical therapy. The injured worker had a medical examination on 05/20/2014 with continued complaints of pain to his left knee. He noted that there was increased swelling and redness to the left knee and he reported that he had not had any injury or incident that would cause his knee to swell and turn red. Upon examination of the left knee, there was tenderness to the medial joint with a 1+ effusion. There was no sign of erythema at that time. There was 1+ crepitus and a questionable medial McMurray's test. The range of motion of the knees was to the forward flexion was 135 degrees and on the left flexion was 125 degrees. Extension was 0 degrees bilaterally. There was no medication list provided. The plan of treatment was for a rheumatology panel to rule out underlying rheumatological disease. A provider requested a series of the Synvisc/Euflexxa injections for the left knee. The Request for Authorization, and rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injections 1 times a week times 3 of the left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Knee and Leg Procedure Summary.

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

**Decision rationale:** The Official Disability Guidelines do recommend the injections for injured workers that experience significantly symptomatic osteoarthritis but have not responded adequately to the recommended conservative nonpharmacologic treatment, including exercising, and pharmacological treatments or are not tolerant of these therapies. The Official Disability Guidelines recommend symptomatic severe osteoarthritis of the knee which must be documented with findings which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, and over the age of 50. The injured worker attended physical therapy with improvement. The physician did not include the injured worker's medication regimen within the documentation. The injured worker has 1+ crepitus, as well as swelling, medial joint line tenderness, and redness. However, there was no mention of bony enlargement, 30 minutes of morning stiffness, and there is a lack documentation indicating the injured worker failed to adequately respond to aspiration and injection of intra-articular steroids. Therefore, the request for the Euflexxa injections is not medically necessary.