

<b>Case Number:</b>	CM14-0188675		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/22/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 patient is a 43-year old female with date of injury 2/22/14. The treating physician report dated 11/11/14 (22) indicates that the patient presents with pain affecting her right knee. The physical examination findings reveal the patient has a mild limp while walking; present lateral joint line - mild anterolateral; present medial joint line - mild anteromedial; crepitation of the patellofemoral - moderate; PROM extension with pain - mild, 0 degrees; flexion with pain - moderate, 105 degrees. Prior treatment history includes arthroscopic partial medial meniscectomy of the right knee and arthroscopic chondroplasty with shaving of cartilage patella of the right knee on 7/9/14. The patient tried Voltaren 75 mg twice daily but stated that it did not give her any relief. Additionally, the patient was taking Norco 10-325 mg 3-4 tablets QD and completed two rounds of physical therapy. Use of a home H-Wave device increased her ability to perform more activity, improved greater overall function, provided a 70% reduction in pain and allowed the patient of no longer use her cane. The current diagnoses are: -Medial Meniscus Tear-Osteoarthritis Knee JointThe utilization review report dated 10/28/14 denied the request for Euflexxa injection to the right knee x 3 based on ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injection to the right knee x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and 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 and Leg, Hyaluronic acid injections

**Decision rationale:** The patient presents with pain affecting her right knee. The current request is for 3 Euflexxa injections in series for the right knee. Euflexxa is a hyaluronic acid derivative. The treating physician report dated 11/11/14 (22) states, patient has a mild limp while walking; present lateral joint line - mild anterolateral; present medial joint line - mild anteromedial; crepitation of the patellofemoral - moderate; PROM extension with pain - mild, 0 degrees; flexion with pain - moderate, 105 degrees. The MTUS Guidelines do not address Hyaluronic acid injections. The ODG Guidelines do recommend Hyaluronic acid injections as an option for patients with severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), and to potentially delay total knee replacement. ODG also lists the following criteria for injections: "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age". In this case the treating physician has not documented that the patient has failed to respond to cortisone injection and the treating physician stated, "Visco supplementation would be an option for this patient, but again this is an injection which she does not want." The x-ray, and MRI of the right knee do not note osteoarthritis. The operative note does not make mention of osteoarthritis. The current request for Euflexxa injections is not medical necessary and the recommendation is for denial.