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| <b>Case Number:</b>   | CM14-0199368 |                              |            |
| <b>Date Assigned:</b> | 12/09/2014   | <b>Date of Injury:</b>       | 12/03/2012 |
| <b>Decision Date:</b> | 01/27/2015   | <b>UR Denial Date:</b>       | 10/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/26/2014 |

### 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 Rehab, has a subspecialty in Interventional spine 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 61 year old male with an injury date on 12/03/2012. Based on the 10/20/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. Medial Meniscus Tear, Right Knee (S/P Right Knee Arthroscopy 10/2/13) 2. Labral Tear. Right Shoulder (Sp Right shoulder Arthroscopy 3/29/13) 3. Lumbar S/S Disc Protrusion L4-54. Cervical S/S, Spondylosis According to this report, the patient complains of "right knee with pain, buckling, give way, occasional locking. Hard to stand, raise after sitting 30 minutes. Has fallen multiple times in past month or so (about 4 times)." Objective findings indicate "right knee trace to lt effusion, very tender MJL. Positive Mc Murray. Range of motion is 0-120 degrees. Anterior Drawer is 1+. The 08/11/2014 report indicated patient's knee pain is getting worse, increase pain and swelling. The treatment plan is to request for second opinion with surgical consult. , request for brace, Euflexxa injections x3, repeat UDS, and refill Norco and Flexeril. There were no other significant findings noted on this report. The utilization review denied the request for Euflexxa injections for the right knee on 10/30/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 06/09/2014 to 10/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injections for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** According to the 10/20/2014 report, this patient presents with "right knee with pain, buckling, give way, occasional locking." The current request is for Euflexxa injections for the right knee. Regarding Hyaluronic injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyaluronic injection for "severe arthritis" of the knee that has not responded to other treatments. Furthermore, ODG do "not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain)." In this case, the patient does not presents with "severe arthritis" of the knee. There is no evidence of "severe osteoarthritis" found in the records provided. Therefore, the requested Euflexxa injections are not supported by the ODG guidelines. The current request is not medically necessary.