MAXIMUS Federal Services

| Case Number: | CM15-0142851 | | |
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| Date Assigned: | 08/03/2015 | Date of Injury: | 12/02/2013 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old female sustained an industrial injury on 12-02-13. She subsequently reported multiple areas of injury including left knee pain. Diagnoses include cervical strain, cervical degenerative disc disease, cervicotrapezial strain, left shoulder rotator cuff strain and impingement syndrome and left knee sprain and strain. Treatments to date include physical therapy and prescription medications. The injured worker continues to experience left knee pain. Upon examination of the left knee, there was localized pain and tenderness in the medial compartment. Range of motion was reduced. Positive crepitus was noted. A request for Euflexxa injections, left knee Qty:3 was made by the treating physician.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injections, left knee Qty: 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 and Leg Chapter, Hyaluronic Acid Injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

**Decision rationale:** There is no recent x-ray findings reported. Current diagnosis includes knee sprain/strain with possible meniscal tear. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to viscosupplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the injection request nor identified failed conservative treatment trial for recent exacerbation of symptoms. There is no report of any recent corticosteroid injection performed. The Euflexxa injections, left knee Qty: 3 is not medically necessary and appropriate.