

<b>Case Number:</b>	CM15-0192426		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 is a 48 year old female with a date of injury of April 1, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for left knee pain and chondromalacia patella. Medical records dated July 8, 2015 indicate that the injured worker complained of left knee pain. A progress note dated September 4, 2015 documented complaints of left knee pain. Per the treating physician (September 4, 2015), the employee had work modifications that included no repetitive bending, stooping, squatting or stair climbing, and no prolonged standing or walking greater than 30 minutes every hour. The physical exam dated July 8, 2015 reveals diminished range of motion of the left knee due to pain, exquisite tenderness along the medial joint line, patella, and lateral joint line of the left knee, positive Apley's compression distraction test, positive bounce home test, and slight crepitus over the kneecap with flexion and extension of the knee. The progress note dated September 4, 2015 documented a physical examination that showed tenderness to palpation of the medial and lateral joint lines of the left knee, exquisite pain with patellofemoral compression with crepitation, range of motion of the left knee of 0 to 125 degrees with audible popping of the knee, and equivocal bounce home test and McMurray's. Treatment has included left knee arthroscopy, left knee injection of Lidocaine Marcaine and Kenalog with 70% relief of pain for three weeks, medications (Tylenol since at least July of 2015), and magnetic resonance imaging of the left knee (February 4, 2015) that showed a focus of full thickness chondrosis at the base of the trochlear groove. The original utilization review (September 21, 2015) non-certified a request for Euflexxa injection under ultrasound guidance to the left knee.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Euflexxa Injection under Ultrasound Guidance Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG does recommend hyaluronic acid injections as a treatment option for patients with moderate to severe osteoarthritis of the knee who have failed other conservative treatments. However, the procedure is not routinely done under ultrasound guidance. There are no gross abnormalities noted on exam, which would require ultrasound guidance. Therefore, the request is not medically necessary.