

<b>Case Number:</b>	CM15-0194434		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/10/2001
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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:

The injured worker is a 63 year old male, who sustained an industrial injury on 10-10-2001. He has reported subsequent weakness, stiffness, pain and instability of the knees and was diagnosed with bilateral cuff tears and impingement, bilateral posttraumatic degenerative joint disease of the knees, moderate degenerative joint disease of the patellofemoral of the right knee and mild degenerative joint disease of the lateral compartment, discoid meniscus of the right knee. Treatment rendered to date is unknown. The only medical documentation submitted is a primary treating physician's report and a request for authorization dated 08-13-2015. During the 08-13- 2015 office visit, the injured worker reported giving way, pain, weakness, stiffness and instability. The area of the body that the subjective complaints pertained to was not documented. Objective examination findings revealed loss of strength, effusion, loss of range of motion secondary to pain, positive Apley's, moderate crepitation and grating of the patellofemoral joint. The physician did not document whether the findings pertained to the right or left knee. The physician checked the "other" checkbox to specify work status but there are no legible findings documented next to the check box. The physician's treatment plan included an MRI, physical- occupational therapy and a Euflexxa injection. A request for authorization of Euflexxa injection to the right knee was submitted. As per the 09-03-2015 utilization review, the request for Euflexxa injection to the right knee was non-certified.

### 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: 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 Comp, 20th Edition, 2015 Updates: Knee Procedure 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 & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

**Decision rationale:** The patient presents on 08/13/15 with right knee pain, locking, give-way, instability, and stiffness. The patient's date of injury is 10/10/01. Patient has no documented surgical history directed at this complaint. The request is for EUFLEXXA INJECTION TO THE RIGHT KNEE. The RFA is dated 08/13/15. Physical examination dated 08/13/15 reveals atrophy of the right lower extremity, reduced strength and ROM in the affected knee, positive Apley's maneuver, moderate crepitus and grating of the right patellofemoral joint. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient's current work status is not provided. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In regard to the request for a Euflexxa injection for this patient's continuing right knee pain, this patient does not meet guideline criteria. There is no indication that this patient has undergone any Hyaluronic acid injections to date. ODG supports such injections for patients with severe osteoarthritis, this patient presents with diagnoses of post-traumatic degenerative joint disease and mild lateral compartment discoid meniscus. No magnetic resonance imaging supporting a diagnosis of "severe osteoarthritis" of the right knee was provided. Furthermore, as only one progress note was provided, dated 08/13/15, the failure of conservative measures such as NSAIDs and physical therapy is difficult to establish. Given the lack of evidence that this patient has "severe osteoarthritis" or documentation indicating the failure of conservative measures over a prolonged period, a Euflexxa injection cannot be substantiated. The request IS NOT medically necessary.