

<b>Case Number:</b>	CM15-0194464		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/10/2001
<b>Decision Date:</b>	11/18/2015	<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:

This injured worker is a 64 year old male, who sustained an industrial injury on 10-10-2001. The injured worker was diagnosed as having right moderate degenerative joint disease (DJD) of right knee and right mild DJD lateral compartment, discoid meniscus. On medical records dated 08-13-2015, the subjective complaints were noted as giving away, pain, weakness, stiffness and instability. Objective findings were noted as atrophy, loss of strength, partial weight bearing, and moderate crepitation patellofemoral joint and loss of range of motion. Hand written progress note was difficult to decipher. Treatments to date were note included on progress note 08-13-2015. Current medications were not listed on 08-13-2015. The Utilization Review (UR) was dated 09- 03-2015. A Request for Authorization was dated 08-13-2015 for the request for Euflexxa injection to the right knee was submitted. The UR submitted for this medical review indicated that 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 (ODG) 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 current request is for Euflexxa injection to the right knee. The RFA is dated 08/13/15. Treatment history include two right knee arthroscopy surgeries (2002, left knee arthroscopy (2007), right knee unicondylar arthroplasty (2006), and same surgery on the left in 2007. There are no discussions regarding other treatment history. The patient's work status is not addressed. 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. In addition: "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)..." ODG further states that this study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Per report 08/13/15, the patient presents with continued right knee pain. The patient reports giving away, weakness, stiffness and instability. Objective findings noted atrophy, loss of strength, moderate crepitus and loss of range of motion. The treater recommended PT, MRI of the right knee and a Euflexxa injection. This is the only report provided in the medical file. Treatment history is not included, and there are no imaging provided or discussed. In this case, there is no documentation of failed conservative care, and the medical file does not provide any imaging to confirm "severe osteoarthritis" for which these injections are intended. Guidelines allow for hyaluronate injections only for patients with severe osteoarthritis who have not responded adequately to recommended conservative treatments. The request does not appear to be in accordance with the guidelines. Therefore, this request is not medically necessary.