

<b>Case Number:</b>	CM15-0202338		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/04/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 53 year old female with a dated of injury on 5-4-11. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee pain. Progress report dated 9-23-15 reports continued complaints of bilateral knee pain. She reports worsening right knee pain since the last visit and rates her pain 2-3 out of 10. She takes Tylenol as needed for pain control. Physical exam: right knee range of motion is normal, no crepitus or instability, tenderness over the medial joint line and there is a positive McMurray's test when loading the medial compartments, compression rotation test is positive for a meniscal tear and there is full extension against resistance without difficulty. MRI of right knee on 9-1-15 revealed ganglion cyst anterior mid-line the knee joint, no internal derangement seen and there is mild generalized degenerative change without hill-thickness cartilage defect. Treatments include: medication, physical therapy, activity modification and surgery. She failed three months of NSAIDS use. Request for authorization was made for Euflexxa injections quantity 3 for right knee per 9-23-15 order. Utilization review dated 10-2-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa Injections, Right 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, Knee & Leg, Online Version, Euflexxa (hyaluronate).

**MAXIMUS guideline:** The Expert Reviewer 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.

**Decision rationale:** CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative non-pharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. There is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 9/23/15. The MRI from 9/1/15 does not show severe osteoarthritis. Thus, the determination is for non-certification.