

<b>Case Number:</b>	CM15-0209708		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/05/2009
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Arizona, California  
 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 injured worker is a 59 year old female, who sustained an industrial injury on 03-05-2009. The injured worker was diagnosed as having status post bilateral knee arthroscopies, acute lateral meniscal tear and acute medial meniscus tear. On medical records dated 09-14-2015 and 09-15-2015, the subjective complaints were noted as bilateral knee pain. Objective findings were noted as tenderness medial joint line on left and lateral joint line on right. Range of motion was guarded with pain. Treatments to date included surgical intervention, brace, physical therapy, medication and injection therapy. Current medications were listed as Aspirin, Calcium +D, Vitamin D, Fluticasone Propionate, Alendronate Sodium, Vitoria, Lidocaine, gabapentin, Naproxen, Invokana, Glipizide XL, Metformin HCL, Pioglitazone, Victoza, Amitriptyline HCL, and Hydrocodone - Acetaminophen. The Utilization Review (UR) was dated 09-29-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for was Bilateral Knee Euflexxa Injection 2 injection x 1 week for 3 weeks x 6 non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Knee Euflexxa Injection 2 injection x 1 week for 3 weeks x 6:** Overturned

**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, 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 chapter and pg 36 Arthritis Care Res (Hoboken). 2015 Nov 10. DOI: 10.1002/acr.22778. [Epub ahead of print] Correlation between changes in global knee structures assessed on MRI and radiographic osteoarthritis changes over 10 years in a mid-life cohort. Ijaz Khan H1, Chou L1, Aitken D1, McBride A1, Ding C1, Blizzard L1, Pelletier JP2, Martel-Pelletier J2, Cicuttini F3, Jones G1.

**Decision rationale:** According to the guidelines Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids;- Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. In this case, the claimant has developed progress knee pain after a meniscal injury and was diagnosed with arthritis. There was joint tenderness. The claimant had persistent pain despite use of opioids, NSAIDS and topical analgesics. The claimant had degenerative meniscal injury. There were no signs of an inflammatory arthritis. Meniscal injuries can result in premature arthritic symptoms. The request for Euflexxa injections is medically necessary and appropriate.