

<b>Case Number:</b>	CM15-0212668		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Florida

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:

The injured worker is a 42 year old male, who sustained an industrial injury on 11-30-2012. A review of the medical records indicates that the worker is undergoing treatment for post traumatic arthritis knee. X-rays of the left knee on 01-22-2013 were noted to show intact hardware, some fragmentation of the central plateau and slight offset on the lateral side. Subjective complaints (07-21-2015) included more swelling and pain in the left knee increased with walking more than a half hour, clicking with straightening of the knee and swelling that increased after 4 hours of standing on the right knee. Objective findings showed a trace antalgic gait, erythema, mild tenderness of the medial parapatella and medial joint line, mild diffuse swelling of the left knee and valgus opening at 30 degrees 2+. On 08-11-2015 the worker presented for corticosteroid injection of the left knee. No subjective or objective complaints were documented. Subjective complaints (09-22-2015) included intermittent aggravation of left knee pain with swelling and episodes of locking while in the flexed position. The physician noted that a corticosteroid injection gave him about 60% pain relief lasting one month. Objective findings (09-22-2015) included trace antalgic gait, mild tenderness of the medial joint line and valgus opening at 30 degrees 2+. Treatment has included Ibuprofen, Oxycodone, Acetaminophen, surgery and corticosteroid injection. The physician noted that due to return of pain and swelling visco supplementation was recommended to help treat breakdown of the knee. A utilization review dated 10-06-2015 non-certified viscosupplementation (Euflexxa) 3 injections to the left knee, done once a week for 3 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation (Euflexxa) 3 Injections To The Left Knee, Done Once A Week For 3 Weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition Knee Chapter/Hyaluronic acid injections.

**Decision rationale:** This request is for Euflexxa 3 injections to the left knee performed weekly x 3 weeks. MTUS guidelines do not specifically address this request and therefore the ODG guidelines were referenced. The ODG guidelines note that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to conservative treatment (exercise, NSAIDS, or acetaminophen) to potentially delay total knee replacement. There is a lack of documentation in the medical records that this patient has failed conservative treatment measures or that the goal of the injections is to delay total knee replacement surgery. Therefore, this request is not considered medically necessary.