

<b>Case Number:</b>	CM15-0036887		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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:

The injured worker is a 34 year old male who sustained an industrial injury on 03/08/2010. Current diagnoses include status post decompressive spine surgery with laminectomy and fusion, spinal cord injury with resultant paraplegia, neurogenic bladder and fecal and urinary incontinence, bilateral facet disease with posterior displacement of spinal cord status post successful decompression, status post surgical reduction of bony fragmentation, impinging spinal cord, displaced rib fracture, left knee arthroscopy with scar tissue and bone contusions of the medial femoral condyle and medial tibial plateau, sacralization of the L5 vertebra, anterolisthesis T11-T12 with known previous narrowing and central canal, bilateral lower extremity weakness with sensory loss at left side, and increasing neurological incontinence with bowel and bladder issues. Previous treatments included medication management, spinal fusion, and left knee surgery. Report dated 01/22/2015 noted that the injured worker presented with complaints that included constant low back pain and left knee pain. Pain level was rated as 7 out of 10 in the back and 8 out of 10 in the left knee on the visual analog scale (VAS). Physical examination was positive for abnormal findings. An MRI of the left knee performed on 08/01/2014 was included for review. Utilization review performed on 01/28/2015 non-certified a prescription for left knee intra-articular Euflexxa injections x 3, based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee intra-articular euflexxa injections x3: 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- knee chapter and Hyaluronic Acid injection pg 34.

**Decision rationale:** According to the guidelines, Hyaluronic acid injections are indicated for severe arthritis. Criteria for Hyaluronic acid injections such as Euflexxa are: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (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. In this case, the claimant did not have 5 of the above criteria noted in the clinical exam or lab result. The claimant was under 50. The request for 3 injections of Euflexxa is not medically necessary.