

<b>Case Number:</b>	CM15-0081355		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: North Carolina  
 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 59 year old female, who sustained an industrial injury on 09/18/2013. On provider visit dated 02/18/2015 the injured worker has reported bilateral knee pain, tingling in right lower extremity, right knee give out and lower back pain due to her altered gait. On examination the knees revealed nonspecific tenderness and tenderness was noted to medial peripatellar and lateral peripatellar on the right and left , McMurray test was positive on both knees and range of motion was noted to be decreased on bilaterally. The diagnoses have included left knee meniscal tear and degenerative joint disease of bilateral knees. Treatment to date has included injections and medication. The provider requested Euflexxa injections of the bilateral knees x 2, DOS: 2/11/15, 2/18/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injections of the bilateral knees x 2, DOS: 2/11/15, 2/18/15: 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 and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, euflexxa.

**Decision rationale:** The ACOEM and California MTUS do not specifically address the requested medication. The ODG recommends the requested injection therapy for the treatment of osteoarthritis of the knee. However for repeat injection, previous injection should have lasting efficacy for at least 6 months. The second injection request is much less than the 6 month required efficacy and therefore criteria have not been met per the ODG and the request is not medically necessary.