

<b>Case Number:</b>	CM14-0080318		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/06/2000
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 58 year-old male with date of injury 10/06/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/04/2014, lists subjective complaints as pain in the right knee. Objective findings: Examination of the right knee revealed normal deep tendon reflexes, normal coordination and normal sensation. Tenderness to palpation was moderate about the lateral and medial aspects and over the patellofemoral joint. Positive muscle atrophy was noted. McMurray and Patellar grind tests were positive. He has had 3 previous Eufexxa injections. Diagnosis: 1. Arthritis of knee, right. Patient is status post right knee arthroscopy X3. The accepted body part is the right knee only. Treatment has included three epidural steroid injections for the lumbar spine, cortisone injections to the right knee. Patient has completed 12 aquatic therapy sessions to the right knee to date. In the patient's Findings and Award document of 02/28/2013, it states, This applicant's lack of credibility and failure to provide a consistent, credible, an accurate history he too numerous doctors evaluating this claim, including some of the AMEs here in, caused him to have failed to sustain his burden of proving injury to anything other than his left shoulder. An orthopedic AME stated that the patient had severe psychiatric problems with a dependent personality and showed every signs and symptoms of Munchausen syndrome and was clearly pathologic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EUFLEXXA INJECTION TO RIGHT KNEE:** 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 CHAPTER, 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 & Leg (Acute & Chronic), Hyaluronic acid injections.

**Decision rationale:** The Official Disability Guidelines contain numerous criteria, which are used to evaluate the appropriateness of Hyaluronic acid injections to the knee. The medical record does not contain the necessary documentation to recommend Hyaluronic acid injections. Specifically, significant improvement in symptoms for 6 months or more, and if symptoms recur, additional injections may be appropriate. In addition, The American College of Rheumatology lists knee pain and at least 5 of 9 criteria. There is little documentation in the medical record, which would allow the authorization of the injections using the ACR criteria either.