

<b>Case Number:</b>	CM14-0098796		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/27/2001
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Family Practice 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 injured worker is a 69 year old male whose date of injury is 03/27/2001. The mechanism of injury is described as being struck by lumber in the right knee. He underwent meniscectomy on 05/09/01. The injured worker underwent right knee arthroscopic partial lateral meniscectomy, chondroplasty of the patella and removal of multiple chondral loose bodies on 10/01/02. The injured worker underwent Synvisc injections on 03/05/09, 03/13/09 and 03/20/09. The submitted records indicate that the injured worker was previously authorized for right total knee replacement surgery in April 2013. Progress note dated 04/01/14 indicates that diagnoses are rotator cuff sprain, sprain of unspecified site of knee and leg, and lumbago.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injection per dose:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Knee and leg chapter Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections

**Decision rationale:** Based on the clinical information provided, the request for Euflexxa injection per dose is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no updated radiographic reports/imaging studies are submitted for review. The Official Disability Guidelines report that if documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. The submitted records fail to document at least 6 months of significant improvement in symptoms after prior injections.