

<b>Case Number:</b>	CM15-0116466		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57-year-old female, who sustained an industrial injury on November 18, 2013. The injured worker reported left leg injury due to mechanical injury. The injured worker was diagnosed as having left ankle arthritic changes, chronic sprains and tenosynovitis, left knee meniscal tear with chondromalacia and arthritis. Treatment to date has included arthrogram, ankle brace and medication. A progress note dated May 19, 2015 provides the injured worker complains of left knee and ankle pain. Physical exam notes left knee tenderness on palpation with crepitus and left ankle tenderness on palpation. Magnetic resonance imaging (MRI) and MR Arthrogram studies were reviewed. The plan includes injection of knee and ankle, Tylenol and ankle brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa injection x3 with ultrasound guidance left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Synvisc ankle.

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

**Decision rationale:** Regarding the request for Euflexxa injections, California MTUS does not address the issue. ODG cites that they are not recommended, based on recent research in the ankle, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. In light of the above, the currently requested Euflexxa injections are not medically necessary.

**Euflexxa Injection x3 with Ultrasound Guidance Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** Regarding the request for Euflexxa injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, the criteria outlined above have not been met in the absence of severe osteoarthritis failing treatment including steroid injections. Furthermore, the use of ultrasound guidance is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Euflexxa injections are not medically necessary.