

<b>Case Number:</b>	CM15-0067366		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old male with an industrial injury dated 01/15/2013. His diagnosis included left knee meniscus tear, status post menisectomy and right knee meniscus tear status post menisectomy. Prior treatments included surgery, acupuncture and physical therapy. He presented on 02/24/2015 with complaints of bilateral thigh muscle pain and right knee global pain. Physical exam noted right knee was positive for effusion and crepitation. Left knee was positive for effusion with tenderness to palpation at lateral meniscus. Treatment plan was for Euflexxa series (3 injections) to right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa Injections X 3 for the 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 & Leg chapter; Hyaluronic Acid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

**Decision rationale:** Euflexxa is a hyaluronic acid derivative. While ACOEM guidelines do not specifically mention guidelines for usage of Euflexxa injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intra-articular infection." ODG recommends as guideline for Hyaluronic acid injections "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, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. 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." No documentation provided comments on if the patient was unsuccessful with other treatment non-pharmacologic (such as physical therapy for left knee) or pharmacologic modalities (medications) after at least 3 months. Medical notes also indicates that the patient underwent arthroscopy in with a significant amount of medial meniscus removed. ODG states that "This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended." Additionally, ODG states that Hyaluronic acid injections "Generally performed without fluoroscopic or ultrasound guidance." As such, the request is not medically necessary.