

Case Number:	CM13-0036842		
Date Assigned:	04/25/2014	Date of Injury:	04/24/1997
Decision Date:	08/07/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/22/2013

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 claimant was injured on 04/24/97. Euflexxa injections x 3 are under review. She has a diagnosis of posttraumatic arthritis of the knees. She complains of knee pain and had a cortisone injection that helped for about 2-3 days. She underwent arthroscopic surgery with partial medial meniscectomy on 06/17/13. The postop diagnosis was medial meniscal tear. The articular cartilage of the lateral femoral condyle and lateral tibial plateau were completely intact. The patellofemoral compartment was visualized and the articular cartilage of the patella and the trochlea were intact. There were no loose bodies. On 06/27/13, she stated her right knee was improving but the left knee was bothering her and it hurt medially. It was aggravated due to needing to bear more weight after her right knee surgery. She had an antalgic gait and was using a cane. She had tenderness of the right knee at the patellofemoral joint with mild swelling at the knee joint and a mild effusion. Range of motion was 0-110 and she was mildly weak. She had healing portals. She initiated physical therapy. An injection was offered. There is a report dated 09/26/13. She has generalized pain more medial than lateral. It was worse with activity. She had moderate tenderness over the medial parapatellar, patellofemoral joint and medial joint line with mild swelling and a trace effusion. She has known bone to bone post traumatic arthritis of the left knee and has taken anti-inflammatories and had prior knee arthroscopy for this. The location of the bone-on-bone findings is unclear. [REDACTED] recommended injections bilaterally on 09/26/13. She stated the left knee was more painful and the injection only helped for 2-3 days. She had no post traumatic arthritis in the left knee. Her left knee had moderate tenderness of the medial parapatellar area, patellofemoral joint, and medial joint line. She had mild swelling and trace effusion. There was no instability. Her right posttraumatic knee arthritis was improved but the left is worsening. She did not respond very long to the corticosteroid injection and had no bone to bone posttraumatic arthritis of the left knee. She tried anti-inflammatories

and had prior knee arthroscopy. Viscosupplementation for the left knee was recommended. She saw PA [REDACTED] on 12/20/13 for the second of the Supartz injections for the left knee pain. Her knee was normal-appearing with full active range of motion and moderate patellofemoral crepitus. She had left knee moderate DJD and received the injection. She presented for injection #3 to the left knee on 12/27/13. Euflexxa injections are under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection series for the left knee QTY: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Knee and Leg Procedure Summary list.

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

Decision rationale: The ODG state regarding viscosupplementation injections, Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. No imaging studies demonstrating severe osteoarthritis have been submitted and it is not clear how the diagnosis was made or what part of the knee has this condition. It is not clear whether the claimant has been involved in an ongoing exercise program for her left knee that would be expected following surgery and in conjunction with local care and the judicious use of medications and injections. No exercise program was mentioned at the visits in December 2013 when she was receiving Supartz injections. Trials of medications for the left knee are not described. The medical necessity of this request has not been clearly demonstrated.