

Case Number:	CM13-0059916		
Date Assigned:	05/05/2014	Date of Injury:	03/13/2002
Decision Date:	06/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 patient has submitted a claim for pain in the joint, lower leg and osteoarthritis, unspecified whether generalized or localized, associated with an industrial injury date of March 13, 2002. The treatment to date has included a muscle strengthening program and viscosupplementation. The medical records from 2013 were reviewed, and showed chronic knee complaints with significant increase in right knee pain described as sharp and aching. This was accompanied by weakness in the leg, swelling, stiffness, and clicking. A physical examination of the bilateral knee showed a mildly antalgic gait on the right; evidence of medial collateral laxity bilaterally, right greater than the left; +2 crepitations bilaterally; and painful grinding in the right knee and trace in the left. Medial joint line tenderness with evidence of hypertrophic bone formation was also noted more on the right than the left knee. X-rays show significant degenerative changes in the medial compartment bilaterally. The patient was diagnosed with degenerative joint disease, bilateral knees, right greater than the left. Euflexxa injections to the right knee were being requested for the right knee complaints. The patient had received a series of viscosupplementation in the past with improvement of symptoms; however, it was also noted that he developed pseudoseptic knee syndrome with Synvisc in the last series. The utilization review dated November 25, 2013, modified the request for Euflexxa injections, one injection per week for three (3) weeks (right knee) to one (1) injection (right knee), because a trial injection is warranted prior to the continuation of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EUFLEXXA INJECTIONS, ONE (1) INJECTION PER WEEK FOR THREE (3) WEEKS 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, ODG-TWC, KNEE AND LEG PROCEDURE SUMMARY (LAST UPDATED 06/07/2013).

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: The Official Disability Guidelines states that Viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis. A systematic review on the effectiveness and safety of repeat courses of hyaluronan therapy in patients with osteoarthritis (OA) of the knee concluded that repeat courses of the hyaluronans are safe and effective in the treatment of pain associated with OA of the knee. Repeat series of injections are recommended if there is documentation of significant improvement in symptoms for six (6) months or more. In this case, the patient had received a series of Viscosupplementation in the past with improvement of symptoms; however, the duration of the response was not mentioned. The guidelines recommend repeat injections when there is significant improvement of symptoms for at least six (6) months. The medical necessity was not established due to insufficient information. Therefore, the request for Euflexxa injections, one (1) injection per week for three (3) weeks (right knee) is not medically necessary.