

Case Number:	CM13-0063306		
Date Assigned:	12/30/2013	Date of Injury:	12/22/2011
Decision Date:	04/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 is a 61-year-old female who reported injury on 12/22/11. The mechanism of injury was cumulative trauma. The office note dated 5/14/13 revealed that the patient had bilateral x-rays of the knees. The right knee revealed the patient had degenerative changes with collapse of the medial joint line, as did the left. The patient's chief complaints included bilateral knee pain. The patient's knee symptoms were present in both knees and the patient described the pain as moderate to severe, scoring an 8/10. Symptoms were constant, frequent, and worsening, and the symptoms were worse during activity, after activity, in the morning, during the day, and during the night upon waking. Symptoms were aggravated by pushing, kneeling, squatting, repetitive use, prolonged sitting and standing, reaching overhead, pulling, stairs, lifting, bending, and walking. Physical examination revealed 0 degrees to 100 degrees of flexion. There was crepitation with range of motion and the patient had positive tenderness to the medial joint lines. The diagnosis was noted to include bilateral degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE EUFLEXXA INJECTIONS FOR THE BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines indicate that hyaluronic acid injections are appropriate for patients with significantly symptomatic osteoarthritis that have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments, or are intolerant of these therapies after at least three months. There should be documentation of symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and being over 50 years of age. There should be documentation that pain interferes with functional activities and is not attributed to other forms of the joint disease. There should be failure to adequately respond to aspiration and injection of intra-articular steroids. The patient should not currently be a candidate for a total knee replacement or have failed previous knee surgeries for arthritis. The clinical documentation submitted for review indicated the patient had osteoarthritis. There was a lack of documentation indicating the patient had not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or was intolerant. There was a lack of documentation indicating that the patient had a failure to adequately respond to aspiration and injection of intra-articular steroids. Given the above, the request is not medically necessary.