

Case Number:	CM13-0067278		
Date Assigned:	01/03/2014	Date of Injury:	07/30/2009
Decision Date:	05/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 is an employee of [REDACTED] and has submitted a claim for right knee pain with an industrial injury date of July 30, 2009. Treatment to date has included medications, physical therapy, home exercise program, ACL reconstruct, and right knee arthroscopy, lateral meniscectomy with lateral femoral condyle hondroplasty. Utilization review from December 2, 2013 denied the request for Euflexxa injections (series of three) right knee under ultrasound guidance because there was absence of documentation of prior corticosteroid injection. Medical records from 2013 were reviewed, which showed that the patient complained of persistent right knee pain, dull to sharp in quality, 4-5/10, and improved with narcotics and ice. She also reported numbness in the knee radiating to the foot with intermittent skin swelling. On physical examination, BMI was elevated. There were well-healed arthroscopy portals and an anteromedial incision on the right knee with no ecchymosis or signs of infection. There was marked medial joint line tenderness and patellofemoral crepitus was noted. Muscle tone was fair. There were no sensory deficits. An x-ray of the right knee dated November 20, 2013 showed diminished joint spaces in all compartments with further progression of marginal osteophyte formations medially and in the patellofemoral compartment. There was a staple and a screw noted in the tibia and the EndoButton was well placed on the femur.

IMR ISSUES, DECISIONS AND RATIONALES

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

EUFLEXXA INJECTIONS (SERIES OF THREE) RIGHT KNEE UNDER ULTRASOUND GUIDANCE: 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).

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.

Decision rationale: CA MTUS does not address viscosupplementation; however, the Official Disability Guidelines state that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; and failure of conservative treatment; and plain x-ray or arthroscopy findings of osteoarthritis. In this case, although the presence of osteoarthritis was established, there was no discussion regarding failure of conservative management, including nonpharmacologic and pharmacologic treatments. The records also show that the knee pain was responsive to narcotics and ice. There was also no discussion on failure of previous knee surgeries or the need for a total knee replacement in the future. In addition, the patient reported knee pain to be only at a pain score of 4-5/10, which is not significantly symptomatic. There is no clear indication for viscosupplementation; therefore, the request for Euflexxa injections (series of 3) right knee under ultrasound guidance is not medically necessary and appropriate.