

Case Number:	CM14-0008030		
Date Assigned:	02/07/2014	Date of Injury:	06/24/2011
Decision Date:	07/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/17/2014

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:

This is a 64-year-old male with a 6/24/11 date of injury to his right knee. He is status post right knee arthroscopy with removal of loose bodies on 10/3/11. Over the last 1 and one half years he has had 3 series of injections, each injection lasting 2-3 months (his last one was 6/11.13). He has a diagnosis of right knee tricompartmental arthritis. He was seen on 11/12/13 with 5/10 right knee pain. He wished to avoid surgery as long as possible given he is on plavix and instead would like another course of Euflexxa. Exam findings revealed no swelling, erythema no tenderness to palpation, no joint instability and range of motion from 0 to 120 degrees. Weight bearing radiographs revealed mild tricompartmental narrowing of the joint space with diffuse osteophytes, no significant change was noted from the year prior. A UR decision dated 12/26/13 denied the request given the patient has had 3 series of injections in the last year and half which exceeds the MTUS guidelines of 3 series of injections over 5 years should he get another series of viscosupplementaiton. In addition, repeat injections are not supported given this pain only last for 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE EUFLEXXA INJECTIONS, X3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Viscosupplementation).

Decision rationale: MTUS does not address this issue. ODG indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to do another series. This patient has had 3 series of injections over the past one and a half years and each series gave him only 2-3 months of relief. In addition his pain was noted to be a 5/10 on 11/12/13 but this was an increase from his baseline as he had recently twisted his knee. The patient is also noted to have trouble maintaining an ideal body weight as one's body weight puts a lot of stress on the knees and weight reduction could vastly improve this patient's pain. The patient was only noted to respond for two to three months and the response must be greater than six months consider another injection. Therefore, the request for Euflexxa injections to the right knee was not medically necessary.