

Case Number:	CM14-0008157		
Date Assigned:	01/24/2014	Date of Injury:	04/17/2008
Decision Date:	08/05/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, 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 Physician 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 40 yr. old female claimant sustained a work related injury on 4/17/08 involving the right knee and back. She has a diagnosis of right medial knee compartment arthrosis and right medial meniscal tear. She has a chronic history of rheumatoid arthritis. A progress note on 11/13/13 indicated she had continued right knee pain. Physical findings were notable for pain on direct palpation of the right patella as well as pain in crepitation with patellofemoral compression. X-rays of the right knee showed medial compartment narrowing. The treating physician recommended 3 injections of Euflexxa for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

EUFLEXXA INJECTIONS: 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 Pain.

Decision rationale: The ACOEM and MTUS guidelines do not comment on Euflexxa injections. Euflexxa contains sodium hyaluronate and is intended for arthritis of the knee. According to the ODG guidelines: Euflexxa is 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. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Criteria for Hyaluronic acid injections: 1. Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months; 2. Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); 3. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; 4. Failure to adequately respond to aspiration and injection of intra-articular steroids; 5. Generally performed without fluoroscopic or ultrasound guidance; 6. Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) 7. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. 8. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Based on the above, the injured worker does not meet at least 5 of the criteria above. In addition, a series of 3 injections is not recommended unless they are 6 months apart and there has been shown benefit. The request for Euflexxa injections is not medically necessary.