

Case Number:	CM14-0014875		
Date Assigned:	02/28/2014	Date of Injury:	05/06/2013
Decision Date:	07/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopedic Surgery 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 a 61 year old female who was injured on 05/06/2013. She fell at work injuring bilateral knees, bilateral upper extremities, neck and back. Prior treatment history has included a cane therapy and medications. Diagnostic studies reviewed include x-rays of the right knee dated 05/08/2013 revealed no acute fracture. There is mild to moderate tricompartmental osteoarthritis. The alignment is normal. There is no significant soft tissue abnormality identified. MRI of the right knee dated 08/10/2013 demonstrated moderate to severe osteoarthritic changes of the patellofemoral compartment of the knee. There is a focal deep radial tear involving the posterior horn of the medial meniscus associated with displacement of the body from the joint line. Clinic note dated 11/05/2013 documents the patient has left knee pain. She reports numbness in her right lower extremity. She has an antalgic gait and uses a cane to aid in ambulation. She has swelling of the left knee with tenderness in the medial joint line. There is decreased sensation in the bilateral hands. Phalen's test is positive. Diagnoses are torn medial meniscus, right and left knee; and carpal tunnel syndrome, right and left hand. Clinic note dated 12/16/2013 reports the patient has tenderness of the left knee. There is pain noted with range of motion and range of motion is 0-105 degrees bilaterally. The patient has been recommended Euflexxa injections for her right knee. For the left knee, she is a candidate for an operative arthroscopy and partial medial meniscectomy. Prior UR dated 01/07/2014 states the request for a Euflexxa injection kit and Euflexxa injection procedure x (3) into right knee is non-certified as guideline criteria has not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injection Kit for 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, Criteria for Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG (ACUTE AND CHRONIC), HYALURONIC ACID INJECTIONS.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Right knee Euflexxa injection procedure times three (3) injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG (ACUTE AND CHRONIC), HYALURONIC ACID INJECTIONS.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, a series of three to five injections of Hyalgan (hyaluronate) are recommended as an option for osteoarthritis. ODG indicates that the criteria for hyaluronic acid injections is "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." In this case, this patient complains of bilateral knee pain and has been treated with Naproxen (NSAID), physical therapy, cane, and modified duty. However, there is no documentation that the patient has tried and failed to respond to aspiration and injection of intra-articular steroids. Also, the guidelines indicates that "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." This patient's right knee MRI dated 12/04/2013 showed tricompartmental osteoarthritic changes but most prominently seen in patellofemoral compartment. Thus, the request for Euflexxa injection is not medically necessary and appropriate.