

Case Number:	CM14-0127302		
Date Assigned:	08/15/2014	Date of Injury:	04/11/2004
Decision Date:	10/03/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation 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 59-year-old male with a 4/11/04 date of injury, when he sprained his right knee and developed pain in the groin area on the right side and contusion to the right thigh while trying to control a patient. The patient underwent 6 Synvisc injections to the bilateral knees between 10/30/08-01/02/09 and CSI injections to the left knee on 8/21/12. The patient was seen on 3/27/14 with complaints of bilateral knee pain, left greater than right. The patient was taking Motrin. Exam findings revealed moderate effusion in the left knee with 2+ with lateral joint tenderness. The note stated that the patient had bony enlargement, bony tenderness, crepitation at the age of 50 and 5 failed responses to aspiration and injection of intra-articular steroids. The diagnosis is left knee pain. Radiographs of the left knee (the radiology report was not available for the review) showed bipartite patella on the left and loss of lateral compartment joint space in the left ankle, mild to moderate medial and patellofemoral arthritis. Treatment to date: 6 Synvisc injections, CSI injections and medications. An adverse determination was received on 7/30/14 given that the patient had recent visco supplementation injections and there was no documentation with the patient's response to the injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections

Decision rationale: CA MTUS does not address this issue. ODG states that hyaluronic acid injections are recommended as an option for osteoarthritis. ODG indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic 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. The reviewer's note dated 7/30/14 indicated that the patient underwent 6 Synvisc injections to the bilateral knees between 10/30/08-01/02/09 and CSI injections to the left knee on 8/21/12. However, there is a lack of documentation indicating subjective and objective functional gains with the previous injections. In addition, there is no clear rationale with regards to the Euflexxa injections. Therefore, the request for Euflexxa injections to the left knee is not medically necessary.