

Case Number:	CM14-0167290		
Date Assigned:	10/14/2014	Date of Injury:	05/18/2014
Decision Date:	11/28/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 48 year old male with an injury date of 05/18/14. Based on the 09/03/14 progress report provided by [REDACTED] the patient complains of severe back pain that radiates into the lower back, buttocks, hip, leg, and knee. There were popping, grinding, stiffness, weakness, tenderness, and numbness and the pain aggravates by kneeling, walking, bending, and lifting. The patient's left knee has a various deformity with crepitation. The medial joint and lumbar spines are tender. The current medications are Norco, Flexeril, and Motrin. His diagnoses include the following: 1. Status post mechanical fall 05/15/14. 2. Disc herniation at L5-S1 of 6-7mm with left lower extremity radiculopathy based on MRI from 06/30/14. 3. Moderate osteoarthritis, left knee based on plain x-rays, rule out internal derangement. 4. Hypertension and diabetes, type II with possible industrial aggravation. [REDACTED] is requesting for Euflexxa injection 3 times on left knee. The utilization review determination being challenged is dated 09/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 05/28/14-09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection #3 for left knee: Overturned

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 & leg chapter, Hyaluronic acid injections

Decision rationale: This patient presents with left knee osteoarthritis. The request is for Euflexxa injection X3 on left knee. The request was denied by utilization review letter dated 09/24/14 for "the patient does not fulfill the ODG criteria for the medical necessity of the injection." ODG guideline states that some of the criteria for Euflexxa injections are with "patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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." "Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age." In this case, the treater indicates that the Patient's "pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease." Based on the 09/03/14 progress report, the patient walks with a cane and a brace on the left knee, and the reason for the request is that the patient's left knee is "still very painful." Examination showed crepitus, popping, and joint tenderness. Treater documents moderate osteoarthritis. The reports do not show that this patient has had prior viscosupplementation injection. Given the patient's significant osteoarthritis of the knee, the Euflexxa injection #3 for left knee is medically necessary and appropriate.