

Case Number:	CM14-0173808		
Date Assigned:	10/27/2014	Date of Injury:	06/28/2010
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/21/2014

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, 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 53-year-old female with a date of injury of 06/28/2010. The listed diagnoses per [REDACTED] is post-traumatic arthritis, knee. According to progress report 05/27/2014, the patient presents with "locking-up episode on the right knee." She is here for her third Euflexxa injection to the bilateral knees. Examination of the right knee revealed tenderness present in the lateral joint line with mild swelling noted. Examination of the left knee revealed tenderness in the medial joint line with trace swelling. There is positive anterior drawer's test and valgus opening at 30 degrees 1+. This is a request for third Euflexxa injection for the bilateral knees and a DonJoy left knee brace. Utilization review denied the request on 09/25/2014. Treatment reports from 01/28/2014 through 07/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DonJoy left knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Knee

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, knee brace

Decision rationale: The ODG Guidelines does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." In this case, the patient has tenderness, swelling and positive drawers and valgus test. X-ray also documents osteoarthritis. The requested left knee brace is reasonable is considered medically necessary.

Euflexxa injections #3 for left knee and #3 for right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Knee

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, Euflexxa (hyaluronate)

Decision rationale: This patient presents with bilateral knee pain. Review of the medical file indicates the patient underwent initial Euflexxa injection on 05/09/2014 and second injection on 05/20/2014. The physician in his 05/27/2014 report noted that the patient presents for her third injection. Euflexxa #3 for left knee and #3 for right knee is a 1% sodium hyaluronate. The ACOEM and MTUS do not discuss Hyaluronic acid knee injections. Therefore, we turn to ODG for further discussion. The ODG recommends Hyaluronic acid injection 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. Given the patient's diagnosis of knee arthritis, a course of Hyaluronic injection is indicated. The requested third injections are within guidelines and are medically necessary.