

Case Number:	CM14-0023162		
Date Assigned:	05/14/2014	Date of Injury:	06/18/2013
Decision Date:	07/24/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 46-year-old male who has submitted a claim for left knee medial meniscus tear status post left knee arthroscopy associated from an industrial injury date of June 18, 2013. Medical records from 2013-2014 were reviewed, the latest of which was dated February 3, 2014, revealed that the patient reports episodes of giving-away, popping and clicking about his left knee. The patient states that his left knee pain is exacerbated by prolonged sitting, standing and walking activities. The patient is currently performing his regular and customary duties at work. The patient denies any new injuries or recent accidents. On physical examination, there is tenderness noted over the medial joint line of his left knee. There is limitation in range of motion of the left knee with flexion to approximately 130 degrees. Patellofemoral crepitus was noted in the left knee. The patient has a slight antalgic gait favoring his left knee. A MRI of the left knee dated June 28, 2013 revealed mild osteoarthritis of the medial compartment. A bilateral knee x-ray dated July 10, 2013 revealed 4mm medial cartilage interval compared to 5mm lateral. There is no tibial spine peaking or osteophytes. A MRI of the left knee with MR arthrography dated December 23, 2013 revealed moderately advanced chondral degeneration along the weightbearing surfaces of the medial joint compartment and a focal 9mm area of full-thickness cartilage loss along the central weightbearing surface of the medial femoral condyle is noted. The left knee also shows abnormal morphology of the medial meniscus compatible with prior partial medial meniscectomy, small recurrent/residual flap tear off the free margin of the medial meniscus at the junction of the anterior horn body segment, mild chondromalacia at the patellofemoral articulation with area cartilage fissuring along the lateral aspect of the median ridge, and a Baker's cyst is identified. Treatment to date has included left knee arthroscopic partial medial meniscectomy (8/13/13), left knee Euflexxa injection (undated), physical therapy and home exercise program and pain medications. The utilization review from February 3, 2014

denied the request for Euflexxa- Series of Three Injections to the Left Knee DOS: 1/6/2014 because only the medial compartment is affected and previous injections provided only 3 weeks of improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EUFLEXXA- SERIES OF THREE INJECTIONS TO THE LEFT KNEE DOS: 1/6/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, 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 and Leg Chapter, Hyaluronic acid injections.

Decision rationale: CA MTUS does not address the topic on viscosupplementation injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Divisions of Workers Compensation, the Official Disability Guidelines was used instead. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; have failure of conservative treatment; and have plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In this case, the patient had a previous Euflexxa injection that provided only 3 weeks of improvement. There was no mention regarding failure of non-pharmacologic conservative treatment. In addition, there was no discussion on failure of previous knee surgeries or the need for a total knee replacement in the future. The guideline criteria have not been met. Therefore, the request for Euflexxa- Series of Three Injections to the Left Knee DOS: 1/6/2014 is not medically necessary.