MAXIMUS Federal Services

Case Number:	CM14-0023407		
Date Assigned:	05/12/2014	Date of Injury:	10/05/2012
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
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 Physicla 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:

The injured worker is a 52-year-old who reported an injury on October 5, 2012. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated January 27,2 014 reported the injured worker complained of pain to the knee. The injured worker reported an additional injury to the knee of a slip and fall in the shower, falling backward and her knee went out. Upon physical examination of the right knee, the provider noted the injured worker to ambulate with flexed knee gait. The provider noted the injured worker to have motion of the knee of 15 degrees to 75 degrees while sitting. Range of motion in the knee in a supine position was 10 degrees to 80 degrees. The provider noted soreness of the medial and lateral joint line and MCL. The provider noted the injured worker to have a difficult time ambulating, pain and difficulty with ambulating. The provider noted on October 9, 2013, he administered a steroid injection into the joint which helped the patient. The provider noted the injured worker would benefit from a physical therapy program twice a week for one month to regain more motion and functionality and strength for her leg. The provider noted due to considerable chondral changes of the joint he was requesting a series of Euflexxa injections of the right knee 1 time a week for 3 weeks for reduction of pain. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF EUFLEXXA INJECTIONS RIGHT KNEE 1 X WEEK FOR 3 WEEKS:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of pain to the knee. The injured worker complained of an aggravation to the right knee due to an additional injury to the knee of a slip and fall in the shower. The Official Disability Guidelines recommend hyaluronic acid injections, also known as Euflexxa injections as a possible option for severe arthritis for patients who have not responded adequately to recommend conservative treatments, exercise, NSAIDs (non-steroidal anti-inflammatory drugs), or acetaminophen, to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. Guidelines also note while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patella, osteochondritis, or patellofemoral syndrome. Guidelines note patients experiencing significant symptomatic osteoarthritis but have not responded adequately to the recommended conservative nonpharmacologic and pharmacologic treatment or who are intolerant of these therapies after at least three months. The guidelines note documentation of symptomatic severe osteoarthritis of the knee, which may include the following, bony enlargement, bony tenderness, crepitus on active motion, less than thirty minutes of morning stiffness, no palpable warmth or synovium, over the age of 50. The guidelines note pain interferes with functional activities, ambulation, prolonged sitting, prolonged standing, and not attributed to other forms of joint disease. The guidelines also note failure to adequately respond to aspiration and injection of intra-articular steroid. The guidelines also note hyaluronic acid injections are not recommended for any other indication such as chondromalacia patella, facet joint arthropathy, osteochondritis, or patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment syndrome, or for the use of joints other than the knee because of effectiveness of hyaluronic acid injections for these indications has not been established. There is lack of clinical documentation indicating the injured worker to have signs and symptoms of osteoarthritis or diagnosed with osteoarthritis. There is lack of documentation the injured worker has tried and failed conservative treatment. Therefore, the request for a series of Euflexxa injections right knee once weekly for three weeks is not medically necessary or appropriate.