

Case Number:	CM14-0040419		
Date Assigned:	06/27/2014	Date of Injury:	07/09/2010
Decision Date:	08/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; right total knee arthroplasty on December 6, 2012; right knee manipulation under anesthesia surgery; multiple left knee corticosteroid injections, including in July and October 2013; unspecified amounts of physical therapy; and x-rays of the left knee of December 10, 2013, notable for progressive tricompartmental osteoarthritis. In a Utilization Review Report dated March 13, 2014, the claims administrator denied a request for a series of three Euflexxa or viscosupplementation injections to the knee. The claims administrator cited non-MTUS ODG Guidelines to deny the decision. The claims administrator's rationale was somewhat incongruous as ODG recommended the injection in question. The claims administrator then stated that AAOS stated that hyaluronic acid injections are no longer recommended. Thus, the claims administrator's decision was not internally consistent, was incongruous, and difficult to follow. The applicant's attorney subsequently appealed. In a progress note dated March 6, 2014, the applicant reported persistent complaints of bilateral knee pain, left greater than right. The applicant was having pain about the knee, locking, clicking, and sharp, stabbing pain. The applicant was off of work, it was acknowledged. Tramadol and an H-Wave device were not altogether efficacious, it was stated. It was stated that the applicant had x-ray imaging of April 2013 which demonstrated arthritic changes about at least two of three compartments. A series of three Euflexxa (viscosupplementation) injections were sought. It was stated that the applicant would, in all likelihood, however, ultimately require a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Euflexxa Injections for the 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), Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM V.3, Knee, Specific Diagnoses, Knee Pain and Osteoarthritis, Injections, Viscosupplementation Injections.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, viscosupplementation injections are recommended in the treatment of moderate to severe knee arthritis, as is present here. In this case, the applicant is apparently a candidate for a left knee total knee arthroplasty. The applicant has advanced arthritic changes in at least two of three compartments, the attending provider has stated, and also has clinical symptoms of locking, clicking, and painful ambulation. The applicant's left knee pain has apparently recalcitrant to NSAIDs and gluco-corticosteroid injections. The attending provider has suggested, albeit incompletely, that the applicant may be using the proposed Euflexxa (viscosupplementation) injections to delay or defer a forthcoming total knee arthroplasty. This is an appropriate usage of the Euflexxa injections in question. Accordingly, the request is medically necessary.