MAXIMUS Federal Services

Case Number:	CM14-0042209		
Date Assigned:	06/30/2014	Date of Injury:	01/25/2012
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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 Orthopaedic Surgery 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:

This 40-year-old male sustained an industrial injury on 1/25/12, when he was hit by a ladder. The 6/5/12 left knee x-rays documented no gross bone or joint abnormality. The 2/16/12 left knee MRI documented mild tricompartmental chondromalacia. The patient was status post left knee arthroscopic partial lateral meniscectomy and lateral release on 4/12/13. The patient had a platelet rich plasma injection on 1/6/14 with no documentation of benefit. The 3/5/14 left knee MRI impression documented a subtle free edge tear of the posterior horn of the lateral meniscus. The 3/11/14 treating physician report cited continued medial left knee pain. Left knee physical exam findings showed mild swelling, less quadriceps and hamstring atrophy, normal alignment, tenderness over the distal quadriceps tendon, range of motion 0-115 degrees, and 4/5 left quadriceps and hamstring strength. The diagnosis was chondromalacia patella, patellar pain syndrome, knee weakness, and low back pain. The treatment plan recommended activity modification, continued home exercise for strengthening, and a series of viscosupplementation injections. The 3/21/14 utilization review denied the request for Euflexxa injections based on an absence of physical exam findings and radiographic test results to support the medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

series of Euflexxa injection X 3 - left knee: Upheld

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 & Leg Chapter, Criteria of 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 & Leg, Hyaluronic acid injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for viscosupplementation in chronic knee complaints. The Official Disability Guidelines state that viscosupplementation is recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. Guideline criteria have not been met. There is no imaging evidence of osteoarthritis of the knee. The patient has been diagnosed with chondromalacia patella. Therefore, this request for Euflexxa injection series x 3 for the left knee is not medically necessary