

Case Number:	CM14-0062638		
Date Assigned:	07/11/2014	Date of Injury:	04/07/2011
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/05/2014

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 50-year-old sustained an industrial injury on 4/7/11, relative to a fall. The patient underwent left knee arthroscopic partial medial meniscectomy and chondroplasty of the medial and patellofemoral joint on 7/11/13. Records indicated that post-operative physical therapy was never authorized. The 3/24/14 treating physician progress cited persistent grade 8/10 anterior left knee pain. Physical exam findings documented mild to moderate antalgic gait, patellofemoral crepitation with positive compression sign, mild effusion, and negative anterior/posterior drawer signs. The patient had still not had physical therapy post-operatively. Euflexxa injections x3 were recommended. The 3/28/14 bilateral knee x-rays revealed moderate osteoarthritis, the process more advanced on the left. The 4/10/14 utilization review denied the request for Euflexxa injections as first line conservative treatment had not been exhausted. The 5/6/14 appeal letter cited grade 7/10 left knee pain associated with clicking, grinding, burning pain, giving way, swelling, tingling, warmth and weakness. Symptoms were aggravated by repetitive use, pushing, pulling, lifting, reaching overhead, prolonged standing, walking, bending, kneeling, squatting, and stair climbing. Symptoms are improved with elevation and pain medications. Left knee exam documented crepitation, patellofemoral joint with positive compression sign, and medial joint tenderness. The diagnosis included left knee grade III chondromalacia of the patellofemoral and medial joint, status post chondroplasty and synovectomy. The patient had persistent left knee pain due to osteoarthritis. She had been on Naprosyn over a year and had surgery, but was very symptomatic. The denial of Euflexxa was appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection to the left knee x3: 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 Chapter Criteria for 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, Hyaluronic acid injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for these injections 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. Guideline criteria have been met. This patient has moderate osteoarthritis of the left knee with significant persistent anterior knee pain and associated mechanical signs. Conservative treatment has included activity modification and medications, and the patient underwent surgery on 7/11/13. Physical therapy has not been authorized in the post-operative period. Given that the patient has failed operative and non-operative treatment available to her, this request is reasonable. Therefore, this request for Euflexxa injection to the left knee x 3 is medically necessary.