

Case Number:	CM14-0073829		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2011
Decision Date:	08/14/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical 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 patient is a 44 year old male who was injured on 09/19/2011 when he was getting out of his work vehicle and injured his left knee. Prior medication history included Norco, Nizatidine, Ibuprofen, and Acetaminophen. The patient underwent left knee arthroscopy with chondroplasty posteromedial medial femoral condyle (MFC), grade II, weight bearing and chondromalacia patellae, grade II and chondromalacia central longitudinal trochlea, grade IV and central LTP (Lateral Tibial Plateau), grade III and removal chondral loose body medial compartment on 01/04/2011. Progress report dated 03/21/2014 states the patient complained left knee pain causing locking, tingling, and stiffness. On examination, left knee range of motion revealed extension to 0 degrees and flexion to 95 degrees. There was no erythema or ecchymoses and no effusion. There is positive patellofemoral joint line tenderness noted. She is diagnosed with left knee sprain, degenerative joint disease of the left knee. She was given Ibuprofen 800 mg, Norco 10/325 mg, Omeprazole when necessary, Euflexxa series of the left knee and follow-up in 6 weeks. Prior utilization review dated 05/20/2014 states the request for 1 Series of 3 Euflexxa Injections for the Left knee is not authorized as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of 3 Euflexxa Injections for the 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) Treatment for Workers Compensation, Online Edition Chapter: Knee & Leg ; Euflexxa (hyaluronate).

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

Decision rationale: The CA MTUS does not adequately address the issue at hand; therefore other evidence based guidelines were utilized. Per the Official Disability Guidelines, Hyaluronic acid injections is indicated in patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to Non-Steroid Anti-Inflammatory Drugs (NSAIDs)), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology criteria (knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr.; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC (White Blood Cells) less than 2000/mm³); Pain interferes with functional activities and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae. In this case, the above criteria are not met and thus, the request of one series of 3 Euflexxa Injections for the Left knee is not medically necessary and appropriate.