

Case Number:	CM14-0085537		
Date Assigned:	07/23/2014	Date of Injury:	07/11/1997
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 72-year-old male with a reported date of injury on 07/11/1997. The mechanism of injury was not provided within the documentation available for review. His diagnoses include anterior cruciate ligament (ACL) re-tear of right knee reconstruction, status post ACL reconstruction of the right knee, right knee instability with ACL deficient arthropathy, degenerative arthritis of the right knee, discogenic back, and lumbar spine degenerative disc/joint disease. Past treatment includes activity modification, ice, and the use of an ACL brace. The injured worker presented with low back pain and knee pain, rated at 7/10. The injured worker complained of waking during the night due to pain, decreased muscle mass, strength, and falling episodes. Upon physical examination, the lumbar spine presented with moderate paraspinal tenderness and muscle guarding bilaterally at L4-5 and L5-S1. The lumbar spine range of motion revealed flexion to 60 degrees, extension to 25 degrees, and lateral bending to 15 degrees bilaterally. Upon physical examination, the right knee palpation indicated moderate tenderness at the medial parapatellar and lateral patellar on the right. The range of motion to the right knee revealed flexion to 120 degrees. The clinical information dated 04/30/2014 indicates the treatment plan is the series of three Euflexxa injections to the right knee to provide relief. The injured worker's medication regimen included Norco and Celebrex. The rationale for the request was not provided within the documentation. The request for authorization for Euflexxa injection, 1 time per week for 2 weeks, for the right knee, outpatient was submitted on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EUFLEXXA INJECTION, 1X/WK FOR 3 WKS, FOR THE RIGHT KNEE, OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Official Disability Guidelines (ODG) recommends hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Criteria for use of hyaluronic injections include patients experience significant symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacological and pharmacological treatments or are intolerant of these therapies. The documented symptoms are severe osteoarthritis of the knee, which may include the following: bony enlargement; bony tenderness; crepitus on activity of motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; and over 50 years of age. Pain interferes with functional activities. Failure to adequately respond to aspiration injection of intra-articular steroids. Generally, repeat series of injections if documented significant improvement in symptoms for 6 months or more and symptoms reoccur may be reasonable to do another series. The clinical information provided for review indicates the patient has previous had hyaluronic acid injections. The clinical information provided for review, lacks documentation related to significant improvement in symptoms for 6 months or more. Therefore, the request for Euflexxa injection, 1 times a week for 3 weeks, for the right knee, outpatient, is not medically necessary.