Case Number:	CM14-0099820		
Date Assigned:	07/28/2014	**Date of Injury:**	05/21/2012
Decision Date:	09/11/2014	**UR Denial Date:**	06/19/2014
Priority:	Standard	**Application Received:**	06/30/2014

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, has a subspecialty in Interventional Spine 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 24-year-old male with date of injury of 05/21/2012. The listed diagnoses per [redacted] dated 06/03/2014 are: 1. Status post right knee arthroscopy, partial lateral meniscectomy, chondroplasty of patellofemoral joint. 2. Bilateral patellofemoral osteoarthritis. 3. GI upset and gastritis. According to this report, the patient complains of bilateral knee pain, particularly in the left knee. The patient is intolerant to anti-inflammatory medications. The physical examination reveals essentially no effusion with respect to his right knee. He does have a 3 to 4+ patellofemoral crepitus on the left side and 1+ crepitus on the right side. He has no joint line tenderness. McMurray's examination is negative. He has obtained orthotics recently, which has been somewhat helpful. The utilization review denied the request on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Knee Injections (R) knee (times 3): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. (Leopold, 2003) (Arroll-BMJ, 2004) (Godwin, 2004) The short-term benefit of intra-articular (IA) corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported. Longer-term benefits have not been confirmed. Comparisons of IA corticosteroids showed triamcinolone hexacetonide was superior to betamethasone for number of patients reporting pain reduction up to four weeks post injection. The response to hyaluronan/hylan products appears more durable, compared to corticosteroids. (Bellamy-Cochrane, 2005) (Bellamy, 2006) In a randomized controlled trial comparing a new reciprocating procedure device (RPD) to the traditional syringe for injection of intraarticular corticosteroid, the RPD significantly reduced patient pain and procedure time. (Bankhurst, 2007) Intra-articular injections of hyaluronate are associated with delayed onset of analgesia but a prolonged duration of action vs injections of corticosteroids. (Zhang, 2008) Intra-articular corticosteroid injections help to relieve pain and reduce swelling in osteoarthritis of the knee and typically yield improvement within 24 hours that lasts 4 to 8 weeks. Repeated injections to the knee may not accelerate disease progression for osteoarthritis. (Stephens, 2008) A meta-analysis of clinical trials concluded that, from baseline to week 4, intra-articular corticosteroids appear to be relatively more effective for pain than intra-articular hyaluronic acid, but by week 4, the 2 approaches have equal efficacy, and beyond week 8, hyaluronic acid has greater efficacy. (Bannuru, 2009) This study demonstrates the potential chondrotoxicity associated with intra- articular bupivacaine use in arthritic knee joints, particularly when given with a corticosteroid. Although these findings seem to be subtle and are probably subclinical after just 1 injection, they indicate the possible spectrum of iatrogenic injury that may be caused by repeated injections of local anesthetics commonly used to treat articular pain. (Chu, 2010) Although there are several corticosteroid compounds available for use in the IA injection of the knee joint, there is scant comparative data for the compounds, although there appears to be a tendency for trimacinolone to be the most efficacious compound. There is no evidence to suggest that doses other than those recommended by the manufacturers for eac

Decision rationale: This patient presents with bilateral knee pain. The treating physician is requesting Euflexxa knee injections for the right knee times three. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent with regards to this request; however, ODG on viscosupplementation states that it is recommended as a possible option for severe osteoarthritis for patients who do not respond adequately to recommended conservative treatments including exercise, NSAIDs, or acetaminophen or to potentially delay total knee replacement. Recent quality studies suggests that the magnitude of improvement appears modest at best. Hyaluronic acid injection is not recommended for chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans or patellofemoral arthritis, patellofemoral syndrome, plantar and nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications have not been established. In this case, the patient does present with osteoarthritis and a trial of Euflexxa for the right knee is reasonable. Treatment is medically necessary and appropriate.