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| Case Number: | CM13-0021034 | | |
| Date Assigned: | 11/08/2013 | Date of Injury: | 03/30/2001 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 08/28/2013 |
| Priority: | Standard | Application Received: | 09/06/2013 |

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 Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 45-year-old who reported an injury on 03/30/2011. The mechanism of injury was a fall. Her diagnoses included knee pain, sprain of medial collateral ligament, knee contusion and ACL tear. Previous treatments included medication and physical therapy. Diagnostic studies included a right knee MRI. On 09/04/2012, it was reported the injured worker complained of sharp pain. The injured worker complained of radiation of pain distally to her mid-calf, denies any numbness. The injured worker complained of swelling and tingling. The injured worker complained of pain in the right knee. On physical examination, the provider indicated the injured worker had tenderness over the posterior medial aspect of the knee. Range of motion was noted to be 0 degrees to 120 degrees with mild pain with extremes of flexion and extension. The provider indicated the injured worker had normal sensation to light touch. A request was submitted for Euflexxa intra-articular injections in the right knee. The Request for Authorization was submitted and dated 08/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Euflexxa 10mg/ml intra-articular injection (right knee), 20 mg 1 time per week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 request for decision for prescription of Euflexxa 10 mg/mL intra-articular injection (right knee), 20 mg 1 time per week for 3 weeks is not medically necessary. The Official Disability Guidelines recommend hyaluronic acid injections, also known as Euflexxa injections, as possible option for severe arthritis for patients who have not responded adequately to recommended conservative treatment, exercise, NSAIDs or Acetaminophen; to potentially delay total knee replacements, but in recent quality studies the magnitude of improvement appears modest at best. Patients who experience significant symptomatic arthritis but have not responded adequately to recommended conservative non-pharmacological and pharmacological treatments or are intolerant to other therapies including: Gastrointestinal problems related to anti-inflammatory medications for at least 3 months; documented symptomatic, severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion; less than 30 minutes of morning stiffness; or palpable warmth of synovium; over the age of 50. The guidelines note pain interferes with functional activities, ambulation, prolonged sitting, and prolonged standing and not attributed to other forms of joint disease and failure to adequately respond to aspiration and injections of intra-articular steroid. Hyaluronic acid injections are not recommended for any other indication such as chondromalacia patella, facet joint arthropathy, osteochondritis or patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment syndrome or with the use of joints other than the knee because of effectiveness of hyaluronic acid injections of these indications as not been established. There is lack of documentation indicating objective findings of bony enlargement, bony tenderness or crepitus on active motion. There is lack of documentation of less than 30 minutes of morning stiffness. Additionally, the injured worker is under the age of 50. There was lack of documentation indicating pain had interfered with functional activities. Therefore, the request is not medically necessary.