

Case Number:	CM14-0188966		
Date Assigned:	11/19/2014	Date of Injury:	02/07/2007
Decision Date:	01/30/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 58-year-old female with a history of bilateral knee and shoulder pain status post multiple surgical procedures for work-related injuries. There is a history of 3 right shoulder surgeries, one left shoulder surgery and right knee arthroscopy. There is also a history of multiple level cervical disc disease and decreased range of motion of the cervical spine. An MRI scan of the left shoulder dated May 21, 2012 revealed degenerative changes of the shoulder and findings compatible with impingement. MRI of the right shoulder dated 7/16/2014 revealed glenohumeral arthrosis with osteochondral abnormality of the anterior glenoid rim. There was evidence of a prior rotator cuff repair. The MRI was negative for a recurrent tear. A request for a series of 3 Euflexxa injections into both knees and a request for platelet rich plasma injections into both knees and both shoulders were noncertified by utilization review citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections for the bilateral knees, series of three: 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), Knee Chapter

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

Decision rationale: The California MTUS guidelines do not address this topic. ODG guidelines I therefore used. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis of knees in patients who have not responded to conservative treatment like exercise, NSAIDs, or acetaminophen to potentially delay total knee replacement. The records submitted do not include recent radiology reports pertaining to knee x-rays and so the extent of the osteoarthritis is not known. There is no evidence that the osteoarthritis is severe. Guidelines indicate insufficient evidence for other conditions such as patellofemoral arthritis, chondromalacia, or patellofemoral syndrome to warrant hyaluronic acid injections. The AME indicates a series of injections were given in the past but the efficacy of the injections and the duration of the relief is not reported. The information submitted is insufficient to indicate medical necessity of hyaluronic acid injections into both knees. Therefore the request for Euflexxa injections as submitted is not medically necessary.

Platelet rich plasma injections of the bilateral knees and bilateral shoulders: 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), Knee Chapter and Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sections: Knee, shoulder, Topic: Platelet rich plasma.

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines indicate platelet rich plasma injections for knees are still under study. In younger patients with early arthritis PRP is promising, particularly for people under 50 years of age but it is not promising for more severe cases and in older patients. A significant improvement was noticed in patients with chronic refractory patellar tendinopathy and a further improvement was noted after physical therapy was added. Based upon the guidelines, after reviewing the documentation provided, the requested injections of PRP for the knees are not medically necessary at this time. With regard to the shoulders, the guidelines indicate that platelet rich plasma is promising but it may not be ready for primetime as a solo treatment. Therefore the request for platelet rich plasma injections into the shoulders is not medically necessary.