MAXIMUS Federal Services

Case Number:	CM14-0200877		
Date Assigned:	12/11/2014	Date of Injury:	06/17/2008
Decision Date:	01/29/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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:

Per physician's progress report dated 11/12/14, the patient is status post right knee arthroscopy and partial medial meniscectomy with a chondroplasty of grade 3.2 x 4 cm chondral lesion in the weight bearing aspect of the medial femoral condyle 12 months prior to this appointment (actual date not mentioned). Currently, the patient continues to suffer from pain, especially after prolonged walking or standing. Physical examination reveals tenderness in the medial joint line. The range of motion is 0 - 120 degrees on the affected side when compared to 0 - 140 degrees on the opposite side. As per progress report dated 11/08/14, the patient's right knee occasionally pains even at rest and while sleeping. The patient has condylar tenderness medially. In progress report dated 09/29/14, the patient complains of right knee and right ankle pain rated as 2-4/10. The patient also has a feeling of instability in the right ankle. Physical examination reveals tenderness in the right arthroscopic portal of the right ankle with moderate induration and a positive Tinel radiating into her digits. There is moderate tenderness to the left Achilles with mild thickness and trace edema. Gait analysis reveals excessive pronation and instability to mid- and hind-foot. Progress report dated 08/25/14 reveals positive Apley's test in the right knee along with decreased sensation to pinprick in the dorsal aspect of right foot. The patient has benefited from supportive shoes with motion control orthosis and home exercise program, as per progress report dated 07/17/14. The patient's condition remains permanent and stationary, as per progress report dated 09/29/14. Diagnoses, 09/29/14:- Post-traumatic arthrofbrosis/synovitis withlaterla impingement lesion, status post arthroscopic debridement- Torn medial meniscus of the right knee, status post surgical repain- Nerve entrapment, superficial peroneal nerve, right foot- Achilles tendinitis as a compensable consequense injury,left foot- Plantar fascitis, compensable consequense injury, left foot- Right foot and ankle instabilityThe treater is requesting for EUFLEXXA 3 SERIES INJECTIONS TO THE RIGHT KNEE. The utilization review

determination being challenged is dated 11/20/14. Treatment reports were provided from 05/12/14 - 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa 3 series injections for the right 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) Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee & Leg (Acute & Chronic) Hyaluronic acid injections.

Decision rationale: The patient presents with pain in the right knee, especially after prolonged walking or standing, and tenderness in the medial joint line, as per progress report dated 11/12/14. The request is for Euflexxa 3 series injections for the right knee. The patient is status post right knee arthroscopy and partial medial meniscectomy with a chondroplasty of grade 3.2 x 4 cm chondral lesion in the weight bearing aspect of the medial femoral condyle on 11/12/13. MTUS is silent on Euflexxa injections. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections are, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." ODG further states that This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections.In progress report dated 11/08/14, the treater had requested for Synvisc-One injection for the right knee. However, in progress report dated 11/12/14, the treater changed the request to Euflexxa due to the patient's egg allergy. The patient has been diagnosed with torn medial meniscus of the right knee and has undergone surgery for the same but none of the available progress reports discuss a diagnosis of osteoarthritis. There is no documentation of the conservative care that the patient has received in the past and the patient's response to the same in terms of improvement in pain and functional guidelines allow for hyaluronate injections only for patients with severe osteoarthritis who have not responded adequately to recommended conservative treatments. The request is also not recommended for chondromalacia, which this patient may be suffering from and not from severe osteoarthritis. This request is not medically necessary.