

Case Number:	CM14-0205664		
Date Assigned:	12/17/2014	Date of Injury:	04/07/2009
Decision Date:	02/05/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal Medicine 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 injured worker (IW) is a 56-year-old woman with a date of injury of April 7, 2009. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are shoulder degenerative joint disease; status post right total knee replacement in January of 2013; degenerative joint disease of the left knee; cervical spine degeneration disc disease; lumbar spine degenerative disc/joint disease; chronic bursitis/tendinitis of shoulders; rotator cuff tendinopathy bilateral shoulders; chronic cervical spine sprain/strain; chronic lumbar spine sprain/strain; and degenerative skin disorders of etiology unknown. Pursuant to the clinical note dated October 24, 2014, the injured worker's complaints referable to the knees include constant pain in her bilateral knees, right greater than left. She describes the pain as aching, pressure and burning. She rates her pain 5-6/10. On July 11, 2014, the IW has an incident at work in which she slipped and fell on lotion that was spilled on the floor. She twisted her knee and fell on her side. This aggravated her right knee, shoulder, neck, and low back conditions. The IW is currently taking Ibuprofen 800mg TID and Norco 10/325mg for pain. She finds these medications helpful. Examination of the knees reveals a visible scar on the right knee anteriorly due to her total knee replacement, which is well healed. Palpation of the knees reveals tenderness bilaterally. Palpation indicates tenderness at the medial peripatellar and lateral patellar on the right. There is also mild tenderness at the medial peripatellar on the left. McMurray's test with exterior rotation is positive on both knees. The treating physician is requesting Euflexxa injection therapy for the left knee X 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injections x 3 for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Pursuant to the Official Disability Guidelines, Euflexxa injections (hyaluronic acid injections) times three the left knee are not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who not responded adequately to recommended conservative treatments (exercise, non-steroidal anti-inflammatory's or acetaminophen). Hyaluronic acid injections are not recommended for any other conditions such as chondromalacia patella, facet joint arthropathy, osteochondritis dessicans and patellofemoral arthritis. Criteria for hyaluronic acid injections include, but are not limited to, significantly symptomatic osteoarthritis that has not responded adequately to conservative nonpharmacologic and pharmacologic treatments; documented symptomatic severe osteoarthritis of the knee which may include bony enlargement, bony tenderness, crepitus; pain interferes with functional activities; failure to respond to injection of intra-articular steroids; repeat series of injection is appropriate if documented significant improvement in symptoms for six months. In this case, the injured worker has a past medical history of right knee arthroscopic surgery in April 2007 and right total replacement in January 2013. The injured worker's working diagnosis for the left knee is mild medial compartment, primary and posttraumatic arthritis of the left knee associated with chondromalacia of the patella. An Agreed-upon Medical Examination indicates that the left knee has some degenerative findings which might respond to hyaluronic acid injections which could be repeated twice per year if she experienced significant pain relief with previous injections and periodic cortisone injections up to four times a year would also be reasonable to include in future medical alternatives. The documentation in the medical record does not contain evidence of prior cortisone injections, documented bony enlargement, bony tenderness or crepitus of the knee or documentation with interference in functional activities. Additionally, the Agreed-upon Medical Examination indicated the injured worker suffers with chondromalacia patella in addition to osteoarthritis. However, the documentation is unclear as to what percentage of osteoarthritis versus chondromalacia patella is being treated. The injured worker has not met the criteria for hyaluronic acid injections, and consequently, Euflexxa injections (hyaluronic acid injections) times three to the left knee are not medically necessary.