

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0003421 | | |
| Date Assigned: | 01/14/2015 | Date of Injury: | 08/27/2013 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on August 27, 2013. She has reported injury to her left knee and left ankle. The diagnosis was postsurgical knee, patellofemoral syndrome. Treatment to date has included physical therapy, medications, surgery, diagnostic studies, crutches and Cortisone injection to the left trochanteric. Currently, the injured worker complains ongoing mild left knee pain. She stated that an injection given to her previously did help but she continues to have some mild pain anterolaterally. She was noted to be walking better at the time of evaluation on December 16, 2014. She was not yet permanent and stationary but notes stated that she can do modified duties. On December 19, 2014, Utilization Review non-certified Euflexxa injections x 3, noting the American College of Occupational and Environmental Medicine and Official Disability Guidelines. On January 7, 2015, the injured worker submitted an application for Independent Medical Review for review of Euflexxa injections x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections x3 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic)chapter, Hyaluronic acid injections

Decision rationale: The patient presents with ongoing mild left knee pain. The request is for EUFLEXXA INJECTIONS X3 FOR THE LEFT KNEE. The RFA provided is dated 12/17/14. Per progress report dated 06/04/14, the MRI study showed lateral patellar subluxation, patellofemoral chondromalacia, an extensive tear of the posterior horn and body of the medial meniscus with intrameniscal degenerative changes as well a peripheral tear. Per progress report dated 06/20/14, treatment medications included Ibuprofen and Vicodin. Per operative report dated 07/03/14, the patient underwent left knee arthroscopic major synovectomy and partial medial meniscectomy. Patient's diagnosis on 12/16/14 included acute medial meniscus tear, sprained left wrist, trochanteric bursitis left-secondary to antalgic gait, internal derangement of left knee post surgical. Per medical reports provided, the patient was treated with physical therapy since 07/15/14 till 08/20/14. Per progress report dated 10/29/14, the patient received a steroid injection and later stated that the injection given to her previously helped but she continues to have some mild pain anterolaterally. The patient is to return to work on regular duty.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 this case, the patient has been diagnosed with acute medial meniscus tear in the left knee and has undergone left knee arthroscopic major synovectomy and partial medial meniscectomy; however, none of the available progress reports discuss a diagnosis of osteoarthritis. Treatment to date has included physical therapy, medications, surgery, diagnostic studies, crutches and Cortisone injection to the left trochanteric. 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. Therefore, this request IS NOT medically necessary.