

Case Number:	CM15-0103706		
Date Assigned:	06/08/2015	Date of Injury:	03/27/2013
Decision Date:	07/09/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on March 27, 2013. He reported falling on asphalt and landing on his knees. The injured worker was diagnosed as having bilateral knee pain with underlying degenerative joint disease. Treatment to date has included physical therapy, MRIs, x-rays, and medication. Currently, the injured worker complains of right and left knee pain. The Primary Treating Physician's report dated March 11, 2015, noted the injured worker reported his pain level at 4/10 with medications and 8-9/10 without medications, with Cymbalta relieving approximately 50% of his pain. The injured worker's current medications were listed as Cymbalta, Naproxen, Metformin, Mevacor, Omeprazole, Hydrochlorothiazide, Metoprolol, Allopurinol, Accupril, and Amitriptyline. The injured worker was noted to have difficulty arising from a seated position and used a cane for ambulation. The treatment plan was noted to include continued medications, with prescriptions for Cymbalta and Naproxen. A request for authorization dated April 22, 2015, for Euflexxa bilateral injection to the knees, was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections to bilateral knees x 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

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

Decision rationale: CA MTUS is silent on the utility of hyaluronic acid injections of the knee. ODG Knee chapter offers the following guidelines. Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, Failure to adequately respond to aspiration and injection of intra-articular steroids; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case, the diagnosis is osteoarthritis and there is documentation of failed trials of conservative therapy There was improvement in symptoms for 6 months after prior injections. Euflexxa injection is medically indicated and medically necessary.