MAXIMUS Federal Services

Case Number:	CM15-0165185		
Date Assigned:	09/02/2015	Date of Injury:	08/10/2014
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/24/2015

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 44 year old female who sustained an industrial injury on 8-10-14. Her initial complaint was the immediate onset of discomfort and pain to the anterior medical aspect of her right knee. Her injury was sustained as the result of a twisting movement when attempting to turn around. The 10-7-14 orthopedic evaluation indicates that she underwent physical therapy, had medications, and bracing to the knee. Due to persistent complaints, and MRI of the right knee was completed, showing evidence of a meniscal tear. She was referred for an orthopedic consult based on the MRI results. She was diagnosed with patellofemoral pain syndrome-right knee and equivocal evidence for posterior horn medial meniscus re-tearing-right knee. The treatment recommendations were for a steroid injection, followed by acupuncture treatment. In December 2014, it was indicated that the injection and acupuncture treatments were "helping" and to continue the current treatment plan. On 1-27-15, she was noted to have "continued complaints of pain and discomfort that intermittently gets severe". She presented to the provider office, reporting that her pain was "significant worse" than it had been in the past. She was noted to be "in tears", complaining that her knee and low back "hurt so bad that she has difficulty getting out of bed". She was referred to pain management due to the lack of findings that would cause the severity of her symptoms. On 2-26-15, she continued to complain of right knee pain, as well as "buckling" of the knee and, at times, "gives way". She continued to complain of low back pain secondary to "limping". X-rays were taken and she was prescribed Naproxen, Prilosec, and Tramadol. In March 2015, she complained that the knee was "popping", in addition to the previous complaints. She reported that this limited her ability to

stand, walk, and climb stairs. The treatment recommendation was to request authorization for a right knee arthroscopy and mensicectomy, as well as postoperative physical therapy. She underwent surgery on 4-15-15. Her postoperative diagnoses included tear of the posterior horn of the right medial meniscus, stage III-stage IV chondral injury of medial femoral condyle (weight-bearing portion)-right knee, stage II patellar chondral injury (medial facet), and synovitis-right knee. In May 2015, she continued to have some pain in the right knee. She continued with physical therapy and was noted to be participating in a home exercise program. The treatment recommendation was for an interferential unit, a knee brace, and a prescription for Norco. On 6-19-15, she presented with "some regression of right knee", indicating that there was increased pain, throbbing, and tenderness anteriorly. The report indicated that there was a "lapse in therapy" and she was awaiting her knee brace. A request for "Euflexxa injection x 3 to the right knee for degenerative joint disease" was requested. The other treatment recommendations were unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection 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), Neck, Viscosupplementation/Euflexxa.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: The patient underwent arthroscopic knee surgery on 4/15/15 at which time chondral injury was identified with chondroplasty performed. Current request is for Euflexxa series. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the injection request nor identified failed conservative treatment trial for recent exacerbation of symptoms. There is no report of any corticosteroid injection performed. The Euflexxa injection right knee is not medically necessary and appropriate.