

Case Number:	CM15-0181692		
Date Assigned:	09/23/2015	Date of Injury:	05/05/2013
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/15/2015

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:

This is a 57 year old male with a date of injury of May 5, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for right knee tricompartmental osteoarthritis with medial compartment most advanced. Medical records dated August 17, 2015 indicate that the injured worker complains of right knee pain. The physical exam reveals varum alignment of the right lower extremity with decreased range of motion and swelling. The injured worker's work status was documented as "Continue permanent and stationary status" on August 17, 2015. No other recent progress notes were submitted for review. Treatment has included magnetic resonance imaging of the right knee (July 11, 2013) that showed "Edema in the posteromedial tibial plateau near the meniscal root attachment", x-rays of the right knee (date not provided) that showed advanced medial compartment arthropathy and degenerative spurring of the superior inferior pole of the patella, unknown number of physical therapy sessions, unknown type and number of injections, and medications (names and dosages not documented in the records submitted for review). The original utilization review (September 10, 2015) non-certified a request for Euflexxa injections time three to right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections x3 to right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Hyaluronic Acid injections.

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

Decision rationale: The patient presents with RIGHT knee pain. The request is for EUFLEXXA INJECTIONS X3 TO RIGHT KNEE. The request for authorization is dated 09/02/15. MRI of the RIGHT knee, 07/11/13, shows edema in the posteromedial tibia plateau near the meniscal root attachment. X-rays of the RIGHT knee shows advanced medial compartment arthropathy of the RIGHT knee; there is degenerative spurring of the superior inferior pole of the patella; the skyline of the RIGHT knee also shows degenerative changes. Physical examination reveals genu varum alignment of the RIGHT lower extremity with a reduction in ROM and swelling. Per progress report dated 08/17/15, the patient is P&S. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "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. And: "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)." 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. Per progress report dated 08/17/15, treater's reason for the request is "The patient ultimately will require surgery." In this case, the patient continues with Right knee pain. ODG recommends hyaluronic injections for patients that have significant osteoarthritic knee pain. The patient is diagnosed with RIGHT knee tricompartmental osteoarthritis with the medial compartment most advanced, for which requested injection would not be indicated. This request appears to be in accordance with guideline indications. Therefore, the request IS medically necessary.