

Case Number:	CM15-0185290		
Date Assigned:	09/25/2015	Date of Injury:	02/26/2015
Decision Date:	11/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/21/2015

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: Emergency Medicine

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 52 year old female, who sustained an industrial injury on 02-26-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for contusion to the knee, chondromalacia, internal derangement of the knee, and medial meniscus tear of the right knee, medial collateral ligament sprain of the knee, right knee sprain, and degenerative joint disease. Medical records (05-27-2015 to 09-04-2015) indicate improving right knee symptoms since surgery on 05-20-2015 with ongoing mild medial knee pain. However, there is reported new sharp pain in the medial right knee. Pain levels were not mentioned. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-04-2015, revealed a limp, normal sensation, mild swelling, and decreased range of motion. There were no changes from previous exam findings on 08-24-2015. Relevant treatments have included right knee arthroscopic surgery with meniscus repair (05-2015), physical therapy (PT), cortisone injection to the right knee, work restrictions, and pain medications. The treating physician indicates that post-operative x-rays were completed and revealed moderate degenerative joint disease in the medial compartment. The request for authorization (09-04-2015) shows that the following services were requested: Euflexxa injection once weekly to the right knee #3, and ultrasound guidance once weekly for injections to the right knee #3. The original utilization review (09-15-2015) non-certified the request for Euflexxa injection once weekly to the right knee #3, and ultrasound guidance once weekly for injections to the right knee #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injectibles, once weekly, right knee, QTY: 3: 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), Knee & Leg, and 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, and Criteria for Hyaluronic acid injections.

Decision rationale: The requested Euflexxa injectibles, once weekly, right knee, QTY: 3 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg, Acute & Chronic, Criteria for Hyaluronic acid injections noted: "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 according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); 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; Generally performed without fluoroscopic or ultrasound guidance; 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." The injured worker has reported new sharp pain in the medial right knee. Pain levels were not mentioned. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-04-2015, revealed a limp, normal sensation, mild swelling, and decreased range of motion. There were no changes from previous exam findings on 08-24-2015. Relevant treatments have included right knee arthroscopic surgery with meniscus repair (05-2015), physical therapy (PT), cortisone injection to the right knee, work restrictions, and pain medications. The treating physician indicates that post-operative x-rays were completed and revealed moderate degenerative joint disease in the medial compartment. The treating physician has not documented the above-referenced criteria, especially a failure of conservative and/or surgical treatment. The criteria noted above not having been met, Euflexxa injectibles, once a week, right knee, QTY: 3 is not medically necessary.

Ultrasound (needle guidance), once weekly, right knee, QTY: 3: 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), Knee & Leg, Ultrasound, diagnostic.

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, Ultrasound, and Diagnostic.

Decision rationale: The requested Ultrasound (needle guidance), once weekly, right knee, QTY: 3 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg, Acute & Chronic, Ultrasound, and Diagnostic; noted "Ultrasound guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate." The injured worker has reported new sharp pain in the medial right knee. Pain levels were not mentioned. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-04-2015, revealed a limp, normal sensation, mild swelling, and decreased range of motion. There were no changes from previous exam findings on 08-24-2015. Relevant treatments have included right knee arthroscopic surgery with meniscus repair (05-2015), physical therapy (PT), cortisone injection to the right knee, work restrictions, and pain medications. The treating physician indicates that post-operative x-rays were completed and revealed moderate degenerative joint disease in the medial compartment. The treating physician has not documented the medical necessity for this request as an outlier to negative guideline recommendations. The criteria noted above not having been met, Ultrasound (needle guidance), once weekly, right knee, QTY: 3 is not medically necessary.