

Case Number:	CM15-0189834		
Date Assigned:	10/02/2015	Date of Injury:	10/04/2012
Decision Date:	11/12/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/27/2015

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 60 year old male who sustained an industrial injury on 10-4-12. Diagnoses are noted as knee pain-bilateral and arthritis of both knees. Previous treatment includes knee brace, crutches, MRI-knees, X-rays knees, medication, arthroscopy right knee 4-17-13, left knee 8-14-13, at least 24 visits of physical therapy, aquatic therapy, and knee injections. In a progress report dated 9-12-15, the physician notes bilateral knee pain and arthritis. Pain is rated at 4-7 out of 10. Complaint of a flare of knee pain around the middle of August is noted and that it has not improved with rest, ice, and anti-inflammatory medication. The pain is reported to interfere with sleep. The injured worker states "his knee pain is quite severe and is requesting a Cortisone injection along with visco-supplementation injections." It is noted that his last injection was 2-2015 followed by visco-supplementation in 5-2015 with very good results until recently. Work status is off work since 10-4-12. Physical exam of the right and left knees reveals tenderness to palpation; moderate peri-patellar, centrally and joint line medially, and crepitus present; peri-patellar and centrally. Range of motion is normal. Strength is noted as normal in the lower extremities. His gait is mildly antalgic. The plan is for cortisone injection to bilateral knees 9-12-15, which was done and Euflexxa for bilateral knees. The requested treatment of Euflexxa injections right knee (series) quantity of 6 was modified to a quantity of 3 and Euflexxa injections left knee (series) quantity of 6 was modified to a quantity of 3 on 9-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections right knee (series) Qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 07/10/15), 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 current request is for Euflexxa injections right knee (series) Qty: 6. Previous treatment includes knee brace, crutches, MRI-knees, X-rays knees, medication, arthroscopy right knee 4-17-13, left knee 8-14-13, at least 24 visits of physical therapy, aquatic therapy, icing, and knee injections. The patient is not working. 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. 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)." Per report 09/09/15, the patient presents with significant knee pain and the patient is requesting Visco-supplementation injections, as he had a very good response to prior injections from February and May of 2015. X-rays of the left knee revealed fairly marked narrowing at the medial weight-bearing knee joint compartment. X-rays of the right knee revealed market narrowing primarily affecting the medial weight-bearing right knee joint compartment. ODG states hyaluronic acid injections compared to placebo, in patients with osteoarthritis of the knee, found that results were similar, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. This patient has had some pain relief with 2 prior HA injections; however, the requested additional 6 injections appears excessive with no support from guidelines. Therefore, the request is not medically necessary.

Euflexxa injections left knee (series) Qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 07/10/15), 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 current request is for Euflexxa injections left knee (series) Qty: 6. Previous treatment includes knee brace, crutches, MRI-knees, X-rays knees, medication,

arthroscopy right knee 4-17-13, left knee 8-14-13, at least 24 visits of physical therapy, aquatic therapy, icing, and knee injections. The patient is not working. 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. 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)." Per report 09/09/15, the patient presents with significant knee pain and the patient is requesting Visco-supplementation injections, as he had a very good response to prior injections from February and May of 2015. X-rays of the left knee revealed fairly marked narrowing at the medial weight-bearing knee joint compartment. X-rays of the right knee revealed marked narrowing primarily affecting the medial weight-bearing right knee joint compartment. ODG states hyaluronic acid injections compared to placebo, in patients with osteoarthritis of the knee, found that results were similar, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. This patient has had some pain relief with 2 prior HA injections; however, the requested additional 6 injections appears excessive with no support from guidelines. Therefore, the request is not medically necessary.