

Case Number:	CM15-0194446		
Date Assigned:	10/08/2015	Date of Injury:	12/03/1997
Decision Date:	11/19/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/02/2015

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 72 year old female, who sustained an industrial injury on 12-3-1997. The injured worker is undergoing treatment for osteoarthritis, pain in joint, lumbar lumbosacral degeneration of intervertebral disc and spinal stenosis. Medical records dated 7-17-2015 indicate the injured worker complains of bilateral knee stiffness and pain rated an average of 8 out of 10. Pain is described as constant, stabbing, deep aching and burning. The injured worker reports prior right knee injection of Euflexxa on 3-19-2015 provided 100% pain relief. The treating physician indicates, "she has had great relief X4 months for chronic knee pain with Euflexxa." Physical exam dated 7-17-2015 notes unsteady gait and difficulty standing from seated position in chair. There is lumbar tenderness to palpation and decreased range of motion (ROM). There is bilateral knee tenderness to palpation with decreased range of motion (ROM) and left lower extremity edema. Treatment to date has included physical therapy, spinal cord stimulator, Euflexxa injections, home exercise program (HEP), ice, Transcutaneous Electrical Nerve Stimulation (TENS) unit and steroid injection. The original utilization review dated 9-26-2015 indicates the request for 1 series of 3 bilateral knee injections under fluoroscopy with Euflexxa is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of 3 bilateral knee injections under fluoroscopy with Euflexxa: 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.

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 on 09/23/15 with intermittent bilateral knee pain rated 9/10. The patient's date of injury is 12/03/97. Patient is status post left intra-articular Euflexxa injection on 09/22/15. Progress note dated 09/23/15 also indicates that a Euflexxa injection was performed in the right knee at point of service. The request is for 1 series of three bilateral knee injections under fluoroscopy with Euflexxa. The RFA was not provided. Physical examination dated 09/23/15 reveals tenderness to palpation of the right knee with crepitus noted. The patient is currently prescribed Digoxin, Multivitamin, Xanax, Lipitor, Effexor, Tenormin, Tambocor, Lidoderm, and Carisoprodol. Diagnostic imaging was not provided. Patient's current work status is not provided. 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), too potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; 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, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance. 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. In regard to the request for a third series of Euflexxa injections, the request for fluoroscopic guidance exceeds guideline recommendations. In this case, the provider is making a prospective request for a series of Euflexxa injections for this patient's bilateral knee pain. This follows at least two series of Euflexxa injections to the bilateral knees, at least 3 to the left knee and 4 to the right - the most recent during a visit on 09/23/15. Per progress note dated 07/17/15, the provider states: "The patient reports significant improvement in these symptoms (include pain relief) with the Euflexxa injections for at least 4 months." While this patient presents with severe and symptomatic osteoarthritis of the bilateral knees and reports significant relief from Euflexxa injections, no rationale is provided as to why this patient requires fluoroscopic guidance for the procedure(s). Without such a rationale, the request as written cannot be substantiated. Therefore, the request is not medically necessary.