

Case Number:	CM15-0195352		
Date Assigned:	10/09/2015	Date of Injury:	07/12/2014
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 07-12-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for twisting injury to the right knee, proximal tibial contusion, large right knee symptomatic plica status post excision, anterior horn medial meniscal tear and posterior horn lateral meniscal tears status post lateral and medial meniscectomy to the right knee, grade III-IV chondral flaps and chondromalacia medial femoral condyle and grade II chondromalacia patella status post extensive chondroplasty. Treatment and diagnostics to date has included right knee surgery (04-16-2015), physical therapy, and medications. Current medications include Motrin. After review of progress notes dated 06-23-2015 and 08-19-2015, the injured worker reported right knee pain rated 9 out of 10 in severity. Objective findings included significant patellofemoral crepitation with positive impingement sign and an antalgic gait on the right. The treating physician noted that due to the injured worker having severe pain and evidence of chondromalacia, they are requesting Euflexxa x 3. The request for authorization dated 08-31-2015 requested Euflexxa injection x 3 for right knee pain. The Utilization Review with a decision date of 09-14-2015 non-certified the request for Euflexxa injection x 3 to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injections x 3 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 (ODG), Knee chapter: 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 chapter and pg 35.

Decision rationale: According to the guidelines: Criteria for Hyaluronic acid injections: 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. (Wen, 2000) 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 this case, the claimant does have a large plica, no signs of inflammatory arthritis, positive crepitus and age over 50. The claimant has significant meniscal injury and chondromalacia, which can accelerate arthritic symptoms. The request for the Euflexxa injections is medically necessary.