

Case Number:	CM15-0196941		
Date Assigned:	10/12/2015	Date of Injury:	08/13/1996
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 year 54 old male who sustained an industrial injury on 08-13-1996. A review of the medical records indicated that the injured worker is undergoing treatment for right knee osteoarthritis and sprain and strain of the right knee. There was no surgical intervention noted to the right knee. According to the treating physician's progress report dated 03-04-2015 (earliest) to 09-17-2015 (latest), the injured worker's right knee pain was under control especially after Euflexxa injections. There was no documentation of the dates of service of the Euflexxa injections. On 03-11-2015, the right knee examination noted tenderness consistent with arthritis with diffuse lateral and medial tenderness present. Range of motion was 0-120 degrees and limited by pain. On 09-17-2015, tenderness was unchanged and range of motion was noted at 0-115 degrees. Prior treatments for the right knee were not documented except for the Euflexxa injections. Request for authorization for right knee Euflexxa was noted on 04-15-2015 and 07-07-2015. On 09-18-2015 the Utilization Review determined the retrospective request (DOS: unknown) for Euflexxa injection times 3 for the right knee was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS unknown) Euflexxa injection times 3 for the right knee:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: Euflexxa is a hyaluronic acid derivative. It works by increasing the effectiveness of the fluid within the knee joint to act as a lubricant and shock absorber. MTUS is silent regarding the use of these injections. While ACOEM guidelines do not specifically mention guidelines for usage of these injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age." 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; "No other documentation provided comments on if the patient was unsuccessful with other treatment non-pharmacologic (such as physical therapy) or pharmacologic modalities (medications) after at least 3 months". As such, the request is not medically necessary.