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| Case Number: | CM15-0205955 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 02/06/1993 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 an 89 year old female, who sustained an industrial injury on 2-6-1993. The medical records indicate that the injured worker is undergoing treatment for bilateral knee osteoarthritis; status post right knee arthroscopy and meniscectomy. According to the progress report dated 10-5-2015, the injured worker presented with complaints of right knee pain, associated with episodes of buckling. The level of pain is not rated. The physical examination of the right knee reveals tenderness with soft tissue thickening, crepitus, and restricted range of motion. The current medications are Tramadol and Norco. Previous diagnostic studies include x-ray of the right knee (1-13-2015). The treating physician describes the x-ray as "bone on bone". Treatments to date include medication management, ice, heat, rest, exercise, Euflexxa of the right knee (80% improvement), and surgical intervention. Per notes, the improvement she had from the injections given 9 months ago has lost its effectiveness. Work status is described as permanent and stationary. The original utilization review (10-16-2015) had non-certified a request for series of 3 Euflexxa injections for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Euflexxa Injections, Series of 3, for the Right Knee, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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, Hyaluronic Acid Injections.

Decision rationale: The MTUS is silent on the use of hyaluronic acid injections. Per ODG TWC with regard to viscosupplementation, hyaluronic acid injections are "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. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)." 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, 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; 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; see Repeat series of injections above. 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. Per the medical records submitted for review, it was noted that the injured worker is diagnosed with osteoarthritis of the right and left knee. It was noted that the injured worker has previously received injections resulting in 65% improvement with the right knee and 80% improvement with the left knee, however, there was no documentation of how long relief lasted. As the guideline criteria calls for 6 months or more of pain relief for repeat injections, the request is not medically necessary.