MAXIMUS Federal Services

Case Number:	CM15-0205971		
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 02-06-1993. The injured worker is currently not working and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for cervical disc displacement, intervertebral lumbar disc displacement, and bilateral secondary osteoarthritis. Treatment and diagnostics to date has included Euflexxa injections, x-rays, and medications. Recent medications have included Norco and Pennsaid. Subjective data (08-24-2015 and 10-05-2015), included neck pain, low back pain, and bilateral wrist and knee pain, rated 8 out of 10 with use of medications and 10 out of 10 without medications. Objective findings (10-05-2015) included bilateral knee tenderness with noted crepitus. The treating physician noted that the injured worker's "improvement she had from the series of Euflexxa injections given 9 months ago has lost its effectiveness". The request for authorization dated 10-05-2015 requested Euflexxa Injection series to bilateral knees, series of 3. The Utilization Review with a decision date of 10-16-2015 non-certified the request for 1 Euflexxa injections, series of 3, for the left knee as outpatient.

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 Left 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)." 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.