

Case Number:	CM15-0208501		
Date Assigned:	10/27/2015	Date of Injury:	02/07/2014
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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 a 58-year-old male, with a reported date of injury of 02-07-2014. The diagnoses include right knee osteoarthritis, right patellofemoral groove chondromalacia, right lateral femoral condyle chondromalacia, right medial meniscus tear, right patella chondromalacia, right medial femoral condyle chondromalacia, right medial tibial plateau chondromalacia, and status post right partial medial meniscectomy. The medical report dated 10-01-2015 indicates that the injured worker stated that his knee pain continued to worsen, and he had started to use a cane. The medical report dated 08-27-2015 indicates that the injured worker was not doing any better and had progressed slowly. The physical examination (08-27-2015) showed varus deformity of the knee, tenderness over the medial joint line; a stable knee; well-healed wounds; and crepitus with the motion. The physical examination (10-01-2015) of the right knee showed tricompartmental osteoarthritis changes with a varus deformity and crepitus with motion and tenderness over all three compartments of the knee. The injured worker's work status was not indicated. The diagnostic studies to date have included an MRI of the right knee on 05-01-2015 which showed mild osteoarthritis and medial meniscus tears involving the body and posterior horn. Treatments and evaluation to date have included Norco, right knee arthroscopy with medial and lateral meniscectomy on 06-26-2015, twelve physical therapy sessions, and Nabumetone. The treating physician requested Euflexxa injections to the right knee, one injection per week for three weeks. The treating physician indicates that the main reason the injured worker continued to have pain was because of the advanced osteoarthritis changes that were noted at the time of the arthroscopy; the injured worker would likely require a total knee replacement in the future; however, at this time, the injections of Euflexxa were an excellent option of treatment. On 10-14-2015, Utilization Review (UR) non-certified the request for Euflexxa injections to the right knee, one injection per week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injections Right Knee, 1 Injection per Week for 3 Weeks: 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 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; 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, physical examination dated 10/1/15 of the right knee showed tricompartmental osteoarthritis changes with a varus deformity and crepitus with motion and tenderness over all three compartments of the knee. MRI of the right knee dated 5/1/15 showed mild osteoarthritis and medial meniscus tears involving the body and posterior horn. It was noted that the injured worker has previously undergone Supartz injection, however, there was no documentation of significant improvement in symptoms for six months or more. As such, repeat injection is not warranted. The request is not medically necessary.