

Case Number:	CM15-0217087		
Date Assigned:	11/06/2015	Date of Injury:	12/02/2014
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 12-2-2014. The medical records indicate that the injured worker is undergoing treatment for right knee pain-arthrititis; status post right knee arthroscopy (6-16-2015). According to the progress report dated 10-9-2015, the injured worker presented with complaints of right knee pain, associated with swelling, decreased range of motion, giving way, popping, clicking, soreness, and stiffness. She notes that she is unable to bend her knee. The level of pain is not rated. The physical examination of the right knee reveals tenderness, crepitus, and effusion. The current medications are not specified. Previous diagnostic studies include MRI of the right knee (5-16-2015). The MRI report notes a horizontal oblique tear through the anterior horn of the lateral meniscus with an adjacent 6x5 millimeter intra-articular fragment. There is a small joint effusion. Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as off work. The original utilization review (10-15-2015) had non-certified a request for Euflexxa injections x3 for 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 x3 for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 Chapter: Knee 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 & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: The patient presents on 09/11/15 with unrated right knee pain. The patient's date of injury is 12/02/14. Patient is status post right knee arthroscopic chondroplasty of the medial compartment and partial lateral meniscectomy on 06/16/15. The request is for Euflexxa injections x3 for the right knee. The RFA is dated 09/14/15. Progress note dated 09/11/15 does not include any comprehensive physical examination. The patient's current medication regimen is not provided. Diagnostic imaging includes right knee MRI dated 05/16/15, significant findings include: "There is horizontal oblique tear through the anterior horn of the lateral meniscus with an adjacent 6x5mm intra-articular fragment... small joint effusion." Patient is currently advised to remain off work until next evaluation. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: 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. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; 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, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance. 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 regard to the request for a series of Euflexxa injections, the patient does not meet guideline criteria. Official disability guidelines support such injections for patients who present with severe knee osteoarthritis unresolved by conservative measures. In this case, MRI imaging of the affected joint indicated the presence of a horizontal oblique tear in the anterior horn of the lateral meniscus, which was presumably addressed during this patient's subsequent right knee arthroscopy on 06/16/15. However, no post-operative MRI imaging suggestive of the severe osteoarthritis in the right knee was provided for review. While this patient presents with significant ongoing pain in the joint, without physical examination findings or MRI imaging suggestive of severe osteoarthritis of the right knee, Euflexxa injections cannot be considered an appropriate intervention for this patient. Therefore, the request is not medically necessary.