

Case Number:	CM15-0060032		
Date Assigned:	04/06/2015	Date of Injury:	03/29/2014
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 9, 2015. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for Euflexxa (viscosupplementation) injections. A RFA form dated February 23, 2015 was referenced in the determination, along with an appeal letter dated February 19, 2015. The claims administrator did acknowledge that the applicant had had earlier MRI imaging of January 8, 2015 demonstrating tricompartmental arthritic changes status post earlier arthroscopic partial meniscectomy surgery on May 30, 2014. The claims administrator's rationale was difficult to follow and did not seemingly state whether the applicant had or had not had prior viscosupplementation injection therapy. The applicant's attorney subsequently appealed. On February 19, 2015, the attending provider noted that the applicant had ongoing complaints of knee pain secondary to tricompartmental arthritis. The attending provider stated that the proposed viscosupplementation injection could theoretically facilitate the applicant's return to work. The attending provider stated that the applicant had failed earlier treatments, including time, medications, NSAIDs, such as Motrin and naproxen, etc. The applicant exhibited visible swelling about the knee suggestive of active knee arthritis. Viscosupplementation supplementation injection therapy was again endorsed. The applicant was given work restrictions. It was suggested that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injections under ultrasound guidance (times 3 series), Left Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Euflexxa (hyaluronate acid injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Knee > Specific Diagnoses > Knee Pain and Osteoarthritis > Injections > Viscosupplementation Injections. Viscosupplementation has been used for knee osteoarthritis (15, 1253, 1279-1296) and to treat pain after arthroscopy and meniscectomy.(1297) Similar to glucocorticosteroid injections, the purpose is to gain sufficient relief to either resume conservative medical management or to delay operative intervention. (1280, 1287, 1298-1301) Recommendation: Intra-articular Knee Visco-supplementation Injections for Moderate to Severe Knee Osteoarthritis. Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis. Indications - Knee pain from osteoarthritis that is unsatisfactorily controlled with NSAID(s), acetaminophen, weight loss, or exercise strategies. Four of six comparative trials found viscosupplementation injections superior to glucocorticosteroid injections with longer duration of benefits, so these injections may be a treatment option for osteoarthritis non-responsive to non-invasive treatments.(1284, 1302-1304) There is moderate-quality evidence that these injections are more effective in patients aged 60 to 75.

Decision rationale: Yes, the request for knee Euflexxa (viscosupplementation) injections was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the third edition ACOEM Guidelines Knee Chapter notes that viscosupplementation injections are indicated in the treatment of moderate-to-severe knee osteoarthritis. Here, the applicant was described as having tricompartmental knee arthritis status post earlier failed knee meniscectomy surgery. The applicant had seemingly tried and failed other treatments, including NSAIDs, physical therapy, observation, etc. The applicant was apparently considered a poor candidate for corticosteroid injection therapy owing to issues with borderline diabetes. Moving forward with Euflexxa (viscosupplementation) injections was, thus, indicated here. Therefore, the request was medically necessary.