

Case Number:	CM14-0133163		
Date Assigned:	08/22/2014	Date of Injury:	05/10/2003
Decision Date:	09/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with neck, back, and bilateral knee pain. Date of injury was 05-10-2003. The patient has a history of multiple right knee surgeries. Lumbar spine fusion surgery was performed September 17, 2013. Operative report dated 3/20/14 documented the performance of arthroscopic debridement of right knee. Postoperative diagnosis was arthrofibrosis of right knee. Operative findings were diffuse scarring of lateral gutter, defects at the femoral groove, defect in the medial femoral condyle, chondromalacia, status post medial meniscectomy with about 60% of the medial meniscus remaining, status post lateral meniscectomy with about 50% of the lateral meniscus removed, intact ACL, and PCL graft intact but loose. Office noted dated 4/1/14 documented a request for physical therapy. He had a chondral defect in his trochlea. He had a loose PCL graft and scarring in the lateral gutter. Physical examination demonstrated click laterally. Office noted dated 4/29/14 documented that the patient had not gotten any physical therapy. Physical examination documented that he is close to a posterior drawer, with clicking laterally and 4 cm of atrophy. The treatment plan included physical therapy. Consultation note dated 7/15/14 documented subjective complaints of pain in the lateral part of his knee, pain and popping. Physical examination documented a definite pop as the iliotibial band goes over the edge of the lateral femoral condyle. There is a +2 posterior drawer. Hyaluronic acid injections were requested. The patient had a reaction to Synvisc. The physician recommended the patient get Euflexxa once a week for 3 weeks, to see if knee snapping and pain would improved. Utilization review determination date was 7/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Euflexxa injections for right knee (once a week for 3 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG (ACUTE AND CHRONIC): PHYSICAL MEDICINE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) does not address Euflexxa (1% sodium hyaluronate). FDA Prescribing Information Euflexxa http://www.euflexxa.com/assets/euflexxa_physician-f87c5c8e9b6f9317c6cfd0b7df1b48c6.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Euflexxa (1% sodium hyaluronate). FDA prescribing information for Euflexxa describes Euflexxa as a viscoelastic solution of highly purified high molecular weight hyaluronan (also known as sodium hyaluronate). Euflexxa is contraindicated in patients who have a known hypersensitivity to hyaluronan preparations. The consultation note dated 7/15/14 documented that the patient had a history of adverse reaction to Synvisc, which is a hyaluronan preparation. Because the patient has a history of adverse reaction to Synvisc, Euflexxa is contraindicated per FDA guidelines. Therefore, the request for 3 Euflexxa injections for right knee (once a week for 3 weeks) is not medically necessary.

24 Physical Therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for arthropathy, 24 visits of postsurgical physical therapy are recommended. Operative report dated 3/20/14 documented the performance of arthroscopic debridement of the right knee. Postoperative diagnosis was arthrofibrosis of right knee. Operative findings were scarring of lateral gutter, defects at the femoral groove, defect in the medial femoral condyle, chondromalacia, status post medial meniscectomy, status post lateral meniscectomy, and loose PCL posterior cruciate ligament graft. Office note dated 4/1/14 documented a request for physical therapy. He had a chondral defect in his trochlea. He had a loose PCL graft and scarring in the lateral gutter. Physical examination demonstrated click laterally. Office note dated 4/29/14 documented that the patient had not gotten any physical therapy. Physical examination documented that he is close to a posterior drawer, with clicking laterally and 4 cm of atrophy. The treatment plan included physical therapy. Consultation note dated 7/15/14 documented subjective complaints of pain in the lateral part of his knee, pain, and popping. Physical examination documented a definite pop as the iliotibial band goes over the edge of the lateral

femoral condyle. There is a +2 posterior drawer. Medical records document knee surgery on 3/20/14. Physical therapy was requested. But the patient has not received physical therapy post-operatively. The latest progress report 7/15/14 documented residual objective abnormalities. MTUS Postsurgical Treatment Guidelines allow for 24 visits of postsurgical physical therapy. Therefore, the request for 24 postsurgical physical therapy (PT) sessions is supported by MTUS Postsurgical Treatment Guidelines. Therefore, the request for 24 Physical Therapy sessions is medically necessary.