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| Case Number: | CM14-0140080 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 11/01/2011 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 45 year old male who reported injury on 11/01/2011, when he jumped off a loading dock. Diagnoses included left knee pain, left knee arthritis, microfracture to the medial femoral condyle, and status post left knee lateral meniscectomy. The past treatments included surgical intervention and physical therapy in 2012, and a knee brace. An MRI of the left knee, dated 06/28/2012, revealed scarring consistent with the previous knee surgery, 3mm osteochondral defect with adjacent subchondral signal at the medial femoral condyle, and marrow edema at the distal femur and proximal tibia. Surgical history noted right knee arthroscopy x2, in 2008, and left knee arthroscopy with lateral meniscectomy, abrasion chondroplasty, and microfracture of the medial femoral condyle, on 01/06/2012. The progress note dated 08/06/2014, noted the injured worker reported he continued to work doing normal activities, but had chronic left knee pain. The physical exam revealed no varus or valgus laxity, intact ligaments, no significant swelling or effusion, and some tenderness over the medial femoral condyle, and the medial joint line. Medications were not noted. The treatment plan requested to eliminate the knee brace, and provide three Euflexxa injections under ultrasound guidance, stating the physician may add a little steroid so the injured worker can do normal activities and improve his activities of daily living, such as, walking, camping, hiking, and riding his bike and roller blades. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One series of Euflexxa injection to the left knee x three (3) under ultrasound guidance:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic Acid injections.

Decision rationale: The request for one series of Euflexxa injection to the left knee x 3 under ultrasound guidance is not medically necessary. The injured worker had unmeasured left knee pain, and was able to work doing normal activities. Euflexxa is 1% Sodium Hyaluronate. The Official Disability Guidelines recommend Hyaluronic acid injections as a possible option for patients with documented symptomatic, severe osteoarthritis of the knee, who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), who failed to adequately respond to aspiration and injection of intra-articular steroids, and who are not currently candidates for total knee replacement, or want to delay total knee replacement. Recommendations include a series of three intra-articular of injections Euflexxa in the target knee with an interval of one week between injections. There was no documentation of ongoing or failed recent conservative treatment. There was no indication of severe osteoarthritis upon physical examination. There was no documentation of failed steroid injections. Due to the lack of evidence of failed conservative treatment, failed steroid injections, and the lack of evidence to support the presence of severe osteoarthritis, the use of Euflexxa injections is not supported at this time. Therefore, the request is not medically necessary.