

Case Number:	CM14-0146609		
Date Assigned:	09/12/2014	Date of Injury:	03/03/2000
Decision Date:	10/14/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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 and Rehabilitation and 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:

This is a 67-year-old female patient who sustained an industrial injury on 03/03/2000. Multiple mechanisms of injuries were reported including a fall. It was noted hands, both knees, chest/ribs, upper and lower back and neck have been accepted by the carrier. Previous treatment has included physical therapy, aquatic therapy, work restrictions, knee brace, knee surgery, casting, multiple epidural injections for the neck and low back, multiple Synvisc injections, Hyalgan injections, electronic cartilage stimulator for both knees, TENS unit, ice, and compression stockings. A request for Euflexxa injection quantity 1 was not uncertified a 09/02/14 utilization review on as there was no record of alternative treatment such as PT, NSAIDs, or intra-articular cortisone for the patient's right knee complaints. There was no knee examination provided. Electromyography and nerve conduction study performed on 04/19/07 was negative for lumbar radiculopathy. She had Synvisc injections in both knees in 2006 and did not find it helpful. Most recent progress note provided for review is dated 09/10/14 and indicates the patient presented with complaints of low back pain that radiates down her right leg and into the foot. Pain was rated at 5/10. Pain is aggravated with walking, sitting and standing for an extended period of time. Lying down too long also aggravates her pain. Pain is relieved by nothing. Current medications include Celebrex, Lidoderm topical patch, Neurontin, fish oil, iron, multivitamin, and Robaxin. Physical examination revealed the patient in no apparent distress. No gross abnormalities of the skin. There were no deficits identified on exam. Plan was to continue medications including Celebrex, Lidoderm patch, Robaxin and Neurontin. It was reported she received 50% pain relief from the cervical epidural steroid injection. She will follow up regarding her right lower extremity. She tried using her sister's lumbar support brace while exercising and states it helped the low back. She was informed that while this may alleviate pain, she is not able to strengthen her muscles, which is the purpose of exercise. She was

prescribed a lumbar brace but instructed not to use this during exercise. Progress note dated 08/27/14 did not contain a physical examination. Physical examination performed on 03/04/14 revealed normal gait, normal inspection, full range of motion to the knee and lower leg without pain. Motor strength was intact. Negative crepitation. Plan was to perform a Euflexxa series.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injection, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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: Per ODG guidelines, hyaluronic acid injections are a treatment option when, "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (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; 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." Documentation provided for review does not identify patient having a diagnosis of osteoarthritis of the knee that has not responded adequately to standard non-pharmacologic and pharmacologic treatments including aspiration and injection with intra-articular steroids or recent physical therapy targeting the knees. Documentation does not contain a recent physical examination of the knees. Most recent exam dated 03/04/14 indicated normal gait, motor strength intact, full range of motion to the knees, negative crepitation. Additionally, it was noted the patient previously underwent Synvisc injections to both knees in 2006 and reported no benefit. There is no documentation of a recent trial of intra-articular steroid injections. The current request does not specify which knee is to be injected. Based on all of the above, Euflexxa injection quantity 1 is not medically necessary.