

Case Number:	CM14-0163902		
Date Assigned:	10/08/2014	Date of Injury:	07/06/2013
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 66 year-old patient sustained a left knee injury on 7/6/13 from getting out of a golf cart while employed by [REDACTED]. Request(s) under consideration include Euflexxa 3 Injections Left Knee. Diagnoses include left knee pain/ osteoarthritis/ degenerative joint disease. MRI of left knee dated 9/9/13 showed lateral meniscus tear; no medial tear identified; 50% cartilage depth of medial femoral condyle with chondral flap tear; small joint effusion. The patient underwent left knee arthroscopy with medial/lateral meniscectomy; synovectomy; resection of synovial plica and chondroplasty on 10/28/13 with post-operative physical therapy (PT). Therapy provided between 11/26/13 and 12/31/13 provided little to no benefit. Report of 9/10/14 from the provider noted the patient with exacerbation of left knee symptoms with noted swelling in the morning; difficulty sleeping from pain. The patient has been utilizing Norco and wearing knee brace. Exam of left knee showed no erythema; good range of motion; no effusion or edema; popping sensation with range testing; 4/5 motor strength due to pain; positive patellar grind test; positive apprehension sign. Treatment to continued Relafen, Tramadol and patient was given left knee intra-articular corticosteroid injection. The request(s) for Euflexxa 3 Injections Left Knee was non-certified on 9/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa 3 Injections Left 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 Hyaluronic Acid Injections - Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313

Decision rationale: The request for Euflexxa 3 Injections Left Knee was non-certified on 9/19/14. There is no recent x-ray findings reported. Current symptoms and objective findings have good knee range with positive patella grind test. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the injection request nor identified failed conservative treatment trial for recent exacerbation of symptoms. There is no report of functional improvement from recent corticosteroid injection performed. The request for Euflexxa 3 Injections Left Knee is not medically necessary and appropriate.