MAXIMUS Federal Services

Case Number:	CM14-0218735		
Date Assigned:	01/08/2015	Date of Injury:	12/03/1997
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72-year-old female who reported an injury on 12/03/1997. The injured worker underwent an MR arthrogram on 06/11/2014, which revealed the injured worker had degenerative changes. The injured worker underwent Euflexxa injections on 06/11/2014. The surgical history included a knee arthroscopy in 2000 on the left and a knee arthroscopy on the right x2 in 1998. The injured worker underwent a second Euflexxa injection in the right knee on 06/19/2014, and in the left knee on 06/20/2014. The documentation indicated in the right knee the injured worker underwent Euflexxa injections on 06/04/2014, 06/11/2014, and 06/19/2014. The injured worker underwent a left knee injection on 02/07/2014, which offered 90% relief. The injured worker underwent a Euflexxa injection and arthrogram on 06/19/2014. The injured worker indicated that she had relief from the procedure and had been able to housework and gardening, have functional mobility, and exercise/physical activity along with sleeping transfers. The injured worker underwent a left knee injection with Euflexxa on 08/20/2014. The documentation of 12/09/2014 revealed the injured worker was utilizing Lidoderm patches and carisoprodol as well as Xanax. The injured worker indicated her pain was severe and horrible on the right and severe and excruciating on the left. The injured worker indicated she had stiffness, swelling, and excruciating pain and instability. The physical examination revealed the injured worker had an abnormal gait and unsteadiness and had difficulty arising from a chair due to bilateral knee pain and instability. The documentation indicated the injured worker had previous Euflexxa injections with significant relief, and the injured worker had a left intra-articular steroid injection under fluoroscopy with an arthrogram on 08/29/2014 and the injured worker reported a

99% pain reduction since the procedure. A request was made for a series of Euflexxa for the bilateral knees under fluoroscopy with arthrograms. The diagnoses included osteoarthrosis unspecified, general lower leg. Additional documentation dated 12/23/2014 revealed the injured worker had severe pain, tenderness, and tenderness with range of motion. The injured worker indicated nothing helped except the Euflexxa injections. The documentation indicated the injured worker had a significant improvement in her symptoms for 6 months with Euflexxa. The injured worker indicated she could tell when the 6 months was about up, as the pain returned and the mobility was affected. The treatment plan included the physician opined the injured worker would benefit from bilateral knee injections with Euflexxa. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral intra-articular knee injections under fluorscopy with arthogram and Euflexxa x3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and 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 & Leg Chapter, Hyaluronic acid injections, MR arthrography.

Decision rationale: The Official Disability Guidelines indicate that MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. The clinical documentation submitted for review indicated the injured worker had previously undergone MR arthrography. There was a lack of documentation indicating a necessity for repeat arthrography. This portion of the request would not be supported. The Official Disability Guidelines indicate that repeat hyaluronic injections are appropriate if there is documented significant improvement in symptoms for 6 months or more and symptoms recur and that fluoroscopy is recommended for use with the injections. The clinical documentation submitted for review indicated the injured worker had a return of her symptoms after 6 months; however, this request must be denied in its entirety as there was a lack of documentation indicating a necessity for the arthrogram. Given the above, the request for bilateral intra-articular knee injections under fluoroscopy with arthrogram and Euflexxa x3 is not medically necessary.