

Case Number:	CM15-0012037		
Date Assigned:	02/11/2015	Date of Injury:	12/03/1997
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 71-year-old [REDACTED] who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 3, 1997. In a utilization review report dated January 7, 2015, the claims administrator partially approved/conditionally approved a request for intraarticular knee corticosteroid injections under fluoroscopy to three intraarticular knee viscosupplementation (Euflexxa) injections without the fluoroscopic guidance. An RFA form received on January 2, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On said RFA form of January 2, 2015, the attending provider issued and appealed a request for bilateral intraarticular knee injections under fluoroscopic guidance. In an associated progress note of December 25, 2014, the applicant was described as having ongoing issues with knee arthritis. Ancillary complaints of low back pain were noted. The applicant was using Soma, Lidoderm patches, Tylenol, Xanax, Lipitor, Effexor, Tenormin, digoxin, and flecainide, it was acknowledged. The applicant's work status was not stated, while the applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of 3 bilateral intra-articular knee injections under fluoroscopy with arthogram and Euflexxa: 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, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Knee > Specific Diagnoses > Knee Pain and Osteoarthritis > Injections. These injections are generally performed without fluoroscopic or ultrasound guidance. Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis

Decision rationale: 1.No, the request for Euflexxa (viscosupplementation) injections under fluoroscopic guidance are not medically necessary, medically appropriate, or indicated here. While the Third Edition ACOEM Guidelines do support usage of viscosupplementation injections in the treatment of moderate-to-severe knee osteoarthritis, as is present here, ACOEM qualified its recommendation by noting that intraarticular knee injections are typically performed without any fluoroscopic or ultrasound guidance. Here, the attending provider did not furnish a clear, compelling, or cogent applicant-specific rationale which would offset the unfavorable ACOEM position on usage of fluoroscopic guidance for viscosupplementation injections. Therefore, the request was not medically necessary.