

Case Number:	CM15-0113315		
Date Assigned:	06/19/2015	Date of Injury:	06/17/2004
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial injury on 6/17/04. The injured worker has complaints of worsening left knee pain and pain/popping in right knee. The documentation noted that left knee there was tender medial joint line and patellofemoral joint and right knee had tender medial joint line and range of motion was 0-90. The diagnoses have included osteoarthritis knee. Treatment to date has included bilateral knee X-rays on 2/2/15 showed severe osteoarthritic narrowing of the medial joint space compartments of both knees, there is moderate hypertrophic degenerative arthrosis of the right knee joint; right knee X-ray on 5/20/15 showed severe three changes right knee medial compartment and patellofemoral joint, no fractures or dislocations; injections of cortisone and viscosupplementation and arthroscopic debridement right knee. The documentation noted on 5/20/15 that with regards to the injured workers right knee she will be taken to surgery for right total knee replacement and her left knee she will be set up for viscosupplementation. The note goes on to state "I do not believe she has had any specific treatment for her left knee." The request was for euflexxa left knee injections under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

EUFLEXXA left knee injections under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 05/05/15).

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

Decision rationale: Regarding the request for EUFLEXXA left knee injections under ultrasound guidance, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no indication why ultrasound guidance would be required for this particular patient. Additionally, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested EUFLEXXA left knee injections under ultrasound guidance is not medically necessary.