

Case Number:	CM15-0122844		
Date Assigned:	07/07/2015	Date of Injury:	09/22/1998
Decision Date:	08/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 64-year-old male, who sustained an industrial injury on 9/22/1998. Diagnoses include osteoarthritis/degenerative joint disease and knee pain. Treatment to date has included diagnostics, conservative care including physical therapy and medications, and surgical intervention (bilateral medial meniscus repair, undated). Per the Primary Treating Physician's Progress Report dated 5/28/2015, the injured worker reported anterior pain in both knees. He reports a tingling sensation and a pulling sensation in his knees when walking and aching in both knees when standing. He has been going to physical therapy with no improvement. Physical examination of the bilateral knees revealed tenderness at the medial joint line and posterior with crepitus upon range of motion and no instability. The plan of care included injections and authorization was requested on 6/08/2015 for Euflexxa injections x 3 bilateral knees with ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections x3 bilateral knees with ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Hyaluronic Acid Injections.

Decision rationale: The MTUS is silent on the use of hyaluronic acid injections. Per ODG TWC with regard to viscosupplementation, hyaluronic acid injections are "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. 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)." Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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. (Wen, 2000) 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. No maximum established by high quality scientific evidence; see Repeat series of injections above. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Revealed per MRI of the right knee dated 9/8/14, 1) Truncation of the mid zone of the medial meniscus suggestive of prior medial meniscectomy rather than bucket-handle type tear. Subtle residual or current tearing of the remnant of the posterior horn of the medial meniscus may further be evaluated with MR arthrogram as clinically indicated. 2) Small foci of low-grade medial femoral condyle weightbearing articular cartilage loss. 3) Large mid trochlea full-thickness articular cartilage loss with multiple subchondral bone cysts/marrow edema. 4) Moderate segmental medial patellar facet articular cartilage loss with subchondral bone cyst. 5) Mild-to-moderate patellar tendinitis/tendinopathy. X-ray of the knees showed: 1) Mild osteoarthritis and mild loss of joint space in the medial and patellofemoral compartments. Crepitus was noted about the right knee. However, per the citation above, it is noted that knee injections are generally performed without fluoroscopic or ultrasound guidance. Although the injured worker has not made progress with physical therapy, as ultrasound guidance is not medically necessary, and the documentation did not delineate functional deficits (which are required per the ODG citation above), the request is not medically necessary.

