

Case Number:	CM15-0171346		
Date Assigned:	09/11/2015	Date of Injury:	06/04/2010
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 06-04-2010. The injured worker is currently retired. Medical records indicate that the injured worker is undergoing treatment for right leg pain possible early reflex sympathetic dystrophy and bilateral knee chondromalacia patella. Treatment and diagnostics to date has included right knee Maquet type tibial tubercle elevation, injections, and medications. Current medications include Naproxen, Hydrocodone, and Tramadol. In a progress note dated 08-06-2015, the injured worker reported bilateral knee pain. Objective findings included an antalgic gait, shiny skin over the anterolateral aspect of the lower right leg with hypersensitivity to touch, 1+ effusion to left lower extremity with crepitation and pain with patellofemoral compression. The injured worker stated that her "left knee pain has not improved with the injection of Kenalog, Marcaine, and Lidocaine under ultrasound guidance" but received a "low dosed corticosteroid neuroforaminal fascial hydrodistention with injection under ultrasound guidance on 07-2015" with "about 85% relief of her right lower leg pain symptoms". The request for authorization dated 08-07-2015 requested to inject 1 Euflexxa syringe into affected knee weekly for 3 weeks, quantity: 3 injections - left knee. The Utilization Review with a decision date of 08-24-2015 denied the request for Euflexxa injections to the right knee with ultrasound guidance x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Euflexxa injections with ultrasound guidance, series of weekly injections, quantity: 3 injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 16th Edition (2011 web), Knee Section, Hyaluronic acid injections.

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 and pg 35.

Decision rationale: According to the guidelines: 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 according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); 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. In this case, the claimant had received prior injections. The claimant does not meet the arthritis criteria noted above. There is a component of CRPS which causes persistent pain. The hypersensitivity to touch should not be a component of arthritis. Prior injections were not very helpful. The request for Euflexxa is not medically necessary.