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| Case Number: | CM13-0039175 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 07/27/2011 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/27/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69-year-old female with a date of industrial injury 7-27-2011. The medical records indicated the injured worker (IW) was treated for bilateral knee degenerative joint disease. In the progress notes (8-30-13), the IW reported continued bilateral knee pain and weakness with low back pain. On examination (8-30-13 notes), there was effusion noted in both knees, greater on the left. Patella femoral grind test was positive. McMurray's sign was positive at the bilateral medial and lateral knees. The orthopedic exam notes (8-9-13) stated the IW had an MRI of the left knee (no date given) that revealed an osteochondral lesion of the patella. No original imaging reports were available for review. Treatments included physical therapy, left knee arthroscopy and postoperative physical therapy and medications (not further specified). The IW was temporarily totally disabled. A Request for Authorization was received for three Euflexxa injections for the right knee with ultrasound guidance. The Utilization Review on 9-27-13 non-certified the request for three Euflexxa injections for the right knee with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Euflexxa Injections for the right knee with ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM; <https://www.acoempracguides.org/Knee; Table 2, Summary of Recommendations, Knee Disorders>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: There is no recent x-ray or MRI findings reported. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends intra-articular Hyaluronic acid injections as an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. Additionally, Hyaluronic injections may be indicated for osteoarthritis of the knee, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Submitted reports have not demonstrated clear supportive findings for the injection request, failed conservative treatment trial including previous cortisone injections if any, nor identified functional improvement of at least 6 months from prior injections rendered in terms of decreased pharmacological profile, treatment utilization or increased ADLs. The Three (3) Euflexxa Injections for the right knee with ultrasound guidance is not medically necessary and appropriate.