

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/6/2013
Date of Injury: 6/15/2011
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011340

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The patient is a 41-year-old male who reported an injury on 06/15/2011. The patient is currently diagnosed with status post right shoulder arthroscopy, lumbar facet degenerative joint disease, low back pain, right shoulder impingement syndrome, degenerative disc disease of the cervical spine, right cervical strain, right upper extremity radiculitis, chondromalacia patella of the right knee, anterior cruciate ligament strain of the right knee, and right low back strain with right lower extremity SI lumbar radiculitis. The patient was most recently seen by Dr. [REDACTED] on 09/05/2013. Physical examination revealed a positive impingement sign, positive supraspinatus sign, positive crepitus of the right shoulder, 5/5 strength in the bilateral upper extremities with intact sensation to light touch, decreased range of motion of the right shoulder, tenderness to palpation of the right paracervical levator scapulae and trapezius muscles, positive right levator scapulae and trapezius muscle spasms, decreased range of motion of the cervical spine, positive Spurling's maneuver on the right, positive medial and patellofemoral joint line tenderness of the right knee, positive compression and crepitation of the right knee, intact sensation with 5/5 strength of the bilateral lower extremities, antalgic gait, positive straight leg raise and Faber testing on the right and symmetrical deep tendon reflexes of the bilateral lower extremities. The treatment plan included continuation of current medications, continuation of physical therapy, internal medicine consultation, and a second right knee Euflexxa injection.

IMR DECISION(S) AND RATIONALE(S)

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

1. Euflexxa injection series for the right knee #3 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Knee & Leg chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pg. 337, which is part of the MTUS, and the Official Disability Guidelines, Knee Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Practice Guidelines state that invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. Initial care includes instruction in home exercise, at home application of heat and cold packs, and sophisticated rehabilitation programs. The Official Disability Guidelines state that a repeat series of hyaluronic acid injections requires documented significant improvement in symptoms of 6 months or more with a recurrence of symptoms. There should be documentation of pain that interferes with functional activity and a failure to adequately respond to aspiration and injection of intra-articular steroids. As per the clinical notes submitted for review, there is no indication that the employee suffers from osteoarthritis of the knee. Furthermore, documentation of significant objective measurable improvement in symptoms of 6 months or more following initial injections was not provided. Guidelines further state that hyaluronic acid injections are not recommended for any other indications, such as chondromalacia patella, facet joint arthropathy, osteochondritis dissecans or patellofemoral arthritis, and patellofemoral syndrome. **The request for Euflexxa injection series for the right knee #3 is not medically necessary and appropriate.**

/MCC

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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