

Case Number:	CM13-0016067		
Date Assigned:	10/11/2013	Date of Injury:	01/07/2011
Decision Date:	10/09/2015	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/23/2013

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old male sustained an industrial injury to the left knee, left shoulder and low back on 1-7-11. Previous treatment included left knee arthroscopic medial meniscectomy (11-2-12), physical therapy, psychiatric care and medications. In a progress note dated 3-14-13, the injured worker complained of ongoing left anterior knee pain associated with impaired movement that interfered with work and daily activities. Physical exam was remarkable for left knee with mild swelling and infusion, tenderness to palpation at the medial joint line and medial parapatellar, range of motion within normal limits and no evidence of instability. The injured worker walked with a normal gait. Current diagnoses included pain in joint involving lower leg, tear of medial cartilage or meniscus of knee and osteoarthritis. The physician stated that arthritis was causing most of his symptoms. Documentation did not disclose recent magnetic resonance imaging. The treatment plan included a series of three Euflexxa injections to the left knee. On 7-31-13, Utilization Review noncertified a request for a series of 3 Euflexxa injections left knee noting that the injured worker did not meet the criteria in the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Euflexxa injections to the left knee: 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), Knee and Leg (updated 06/0720143), Euflexxa (hyaluronate).

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

Decision rationale: According to ODG guidelines, MTUS is silent, Hyaluronic acid injections such as Euflexxa are "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments...while OA of the knee is a recommended indication there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome." Based on my review of the provided records, the injured worker's symptoms are primarily due to conditions that are not found to be effectively treated with HA injections. Additionally there is no diagnoses of severe osteoarthritis recorded in the provided medical records related to the initial industrial injury. Based on the provided medical records and cited guideline, the requested treatment is not medically necessary at this time.