

Case Number:	CM13-0013148		
Date Assigned:	09/26/2013	Date of Injury:	07/01/2001
Decision Date:	01/16/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to independent Medical Review determinations.

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 patient is a 70-year-old male who reported an injury on 07/01/2001. The patient's symptoms included bilateral knee pain, low back pain, and neck pain. His 06/10/2013 visit stated that he had finished his last chiropractic treatment that day, and had stated that it was helping him increase his activities of daily living. It was also noted that his back and knee pain had improved, and he was able to walk up the stairs, whereas before, he would have to pull himself up by the railing however, his left knee was still hurting when he descended stairs. The visit note also stated that his participation in water aerobics was contributing to his improvement, and he was able to decrease his hydrocodone since his last visit on 04/15/2013. The patient's diagnoses included chondromalacia of the patella and unspecified internal derangement of knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for three (3) right knee Euflexxa Injections, one (1) given each week for three (3) weeks between 7/24/13 and 9/24/13: 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 & Leg (Acute & Chronic)

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 Official Disability Guidelines, (ODG), state that hyaluronic acid injections are recommended for patients experiencing significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative nonpharmacological and pharmacologic treatments, or are intolerant of those therapies after at least 3 months. As the patient was shown to have significant positive improvement with his conservative treatments, the request for hyaluronic acid injection is not supported at this time. Additionally, the patient does not have a documented diagnosis of osteoarthritis at this time. For these reasons, the requested service is non-certified.