

Case Number:	CM13-0025566		
Date Assigned:	11/20/2013	Date of Injury:	04/12/2011
Decision Date:	06/02/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

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. The expert 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 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/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 injured worker is a 58-year-old female who reported an injury on 04/12/2011. The mechanism of injury was not stated. The current diagnoses include right knee pain and right knee early medial compartment wear. The injured worker was evaluated on 01/02/2014. The injured worker reported persistent discomfort in the right knee along the medial aspect. Physical examination revealed tenderness along the medial joint line. The treatment recommendations included a series of Euflexxa injections and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE EUFLEXXA/SYNVISC INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions or cortisone injections are not routinely indicated. Official Disability Guidelines state hyaluronic acid injections are indicated for patients who experience

significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. There should be documentation of symptomatic severe osteoarthritis including bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, and no palpable warmth of synovium. There should also be evidence of a failure to adequately respond to aspiration and injection of intra-articular steroids. As per the documentation submitted, the injured worker does not meet criteria for the requested service. There is no evidence of symptomatic severe osteoarthritis upon physical examination. There is also no evidence of a failure to respond to conservative treatment including aspiration and injection of intra-articular steroids. Based on the clinical information received, the request is not medically necessary.