

Case Number:	CM13-0026101		
Date Assigned:	11/22/2013	Date of Injury:	07/27/2011
Decision Date:	01/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a sixty seven year old female who suffered work-related knee injury to her left knee approximately two and a quarter years ago on 7/28/11. The nature of the initial work-related injury, was documented to be direct injury to the knee in which she stepped in a hole while pushing shopping carts. She received conservative treatment for her knee but due to ongoing pain and discomfort she underwent an MRI which revealed an osteochondral lesion of the patella. Per documentation she was treated with rest, medications and physical therapy. According to the history given she underwent arthroscopic surgery to the left knee in December 2012. Per physician note she had post-operative physical therapy. The surgical procedure performed or operative reports were not submitted for reviewed. The claimant has persistent patellar femoral discomfort since the time of surgery and when seen on 8/9/13 by [REDACTED] was having continued discomfort in the left knee particularly on the inner aspect of the left knee. The claimant has complained of pain in the lower lumbar spine as well as her right knee which her doctor is attributed to limping. The issue presented is whether Euflexxa for the left knee is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection for the left knee, three injections as an outpatient: 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) Section: Leg and Knee(Acute & Chronic) ..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg.

Decision rationale: The request for Euflexxa injection Left knee, three injections is not medically necessary based on the information presented in the Official Disability Guidelines (ODG) guidelines. The California Medical Treatment Utilization Schedule (MTUS), does not have recommendations applicable to the request of Euflexxa to the left knee. The documentation submitted do not show that the patient meets (ODG) Guidelines for knee hyaluronic injections. There is no documentation submitted of radiographic evidence of severe Osteoarthritis. There is no documentation that patient has not adequately responded to recommended conservative management (nonpharmacologic and pharmacologic) or are intolerant of these therapies after at least 3 months. There is no documentation submitted that the patient has radiographic evidence of severe Osteoarthritis. There is no documentation that that patient has had failure to adequately respond to aspiration and injection of intra-articular steroids;performed without fluoroscopic or ultrasound guidance; The results of conservative treatment including non-steroidal anti-inflammatory medication, physical therapy, or intraarticular steroid injection are not documented.