

Case Number:	CM13-0028620		
Date Assigned:	12/13/2013	Date of Injury:	02/03/2012
Decision Date:	02/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 Interventional Spine 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. 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:

This is a 70-year-old female with date of injury of 02/03/2012. Per report on 08/09/2013 by treating physician, the patient has had left patellofemoral chondroplasty on 01/29/2013, right patellofemoral chondroplasty meniscectomy, synovial excision on 10/05/2012. The patient now presents for continued pain in the bilateral knees particularly worse going up and down stairs and hills. Exam showed marked clunking and grinding on patellofemoral joint with compression. Both of the knees had normal range of motion but pain with patellar compression. Recommendation was for viscosupplementation. He mentioned that the x-rays showed bilateral knee medial joint space narrowing with 50% reduction of the joint space.

IMR ISSUES, DECISIONS AND RATIONALES

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

An intraarticular Euflexxa injection series for the knees: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Synvisc injections.

Decision rationale: This patient presents with bilateral knee pains due to chondromalacia and osteoarthritis. The treating physician's report on 08/09/2013 is requesting a series of viscosupplementation injections, Euflexxa injections into the bilateral knees. The medical records that were submitted for review show that the treating physician is requesting three shots of Euflexxa in both knees 1 week apart each. This is found on his report on 09/17/2013. ODG Guidelines support viscosupplementation for osteoarthritis. The treating physician documents x-ray findings of greater than 50% reduction of the medial joint line space due to osteoarthritis. Recommendation is for authorization.