

Case Number:	CM13-0039026		
Date Assigned:	12/18/2013	Date of Injury:	05/14/2003
Decision Date:	04/16/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 patient was injured in a work-related accident on May 14, 2003. In the clinical records provided for review there is a September 24, 2013 PR-2 report by [REDACTED] documenting a current diagnosis of left knee pain status post meniscectomy with objective findings showing a positive effusion, 0 to 120 degrees range of motion, and tenderness to palpation. It is noted that the claimant described difficulty with walking and having an "increased flare-up." The recommendation at that time was for a series of viscosupplementation injections to the claimant's knee to be performed under ultrasound guidance. It was documented that previous injections occurred in 2012. There is no current documentation of other forms of recent conservative treatment being rendered, no recent imaging reports and the claimant's date of surgical process is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injections Ultrasound Guidance Times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Disability Guidelines (ODG), ODGTWC Knee and Leg Procedure Summary.

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

Decision rationale: The CA MTUS and ACOE Guidelines are silent. Based upon the Official Disability Guidelines, the request for Euflexxa injections ultrasound guidance times three cannot be recommended as medically necessary. While the documentation indicates the claimant previously had viscosupplementation injections, there is no documentation or clinical indication as to why they would need to be performed under fluoroscopic guidance. ODG Guidelines state that repeat viscosupplementation injections are reasonable if six months of adequate relief is noted, but are generally performed "without fluoroscopic or ultrasound guidance." The scientific literature does not support statistically significant difference in overall outcome with or without the use of ultrasound. At present, there would be no current clinical indication as to why the injections would not be able to be performed without the use of fluoroscopic guidance. The specific request in this case would not be supported as medically necessary.