

Case Number:	CM13-0040198		
Date Assigned:	12/20/2013	Date of Injury:	01/13/2012
Decision Date:	02/04/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Practice and is licensed to practice in Texas. 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 39-year-old male who reported an injury on 01/13/2012. The mechanism of injury information was not provided in the medical record. The patient has undergone a course of conservative treatments, as well as left knee arthroscopy. Per the most recent clinical note dated 07/12/2013, the patient had been steadily improving. The patient was not taking pain medication and was taking an anti-inflammatory medication, Mobic. The dosage and frequency of the Mobic was not provided in the medical record. The patient received physical therapy, medication management, and activity modification post-surgery. Any other forms of treatment have not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

series of 3 Euflexxa injections for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Hyaluronic acid injections

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

Decision rationale: Official Disability Guidelines state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (such as exercise, NSAIDs or acetaminophen) in order to potentially delay total knee replacement; however, in recent quality studies, the magnitude of improvement appears modest at best. The requested service is recommended for treatment of osteoarthritis. There is no clinical documentation of the patient having a diagnosis of osteoarthritis. The patient underwent partial medial meniscectomy, lateral meniscectomy and removal of loose body and chondroplasty to right knee, none of which is a recommended diagnosis to be treated with hyaluronic acid injections. As such, the request for Euflexxa injections, series of 3, to the left knee is non-certified.