

Case Number:	CM13-0042543		
Date Assigned:	12/27/2013	Date of Injury:	05/01/2008
Decision Date:	05/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery 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 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 patient is a 48-year-old man who was injured in a work-related accident on May 1, 2008. Specific to the claimant's left knee, records include a September 27, 2013 assessment with [REDACTED]. [REDACTED] stating continued complaints of left knee pain, status/post knee arthroscopy with diagnosis of "posttraumatic arthritis." It states an arthroscopic procedure was performed March 19, 2013. He is now complaining of some discomfort on the anterolateral aspect of the knee with pain radiating to the lower leg. Physical examination showed tenderness to the lateral joint line, full range of motion, and equivocal straight leg raise. Recommendation at that time was for Euflexxa injections as the claimant had "good response" to the injections in the past. It is unclear as to when injections were performed last. There is no documentation of postoperative treatment to have included injection therapy. Formal clinical imaging in this case is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED EUFLEXXA INJECTIONS 1 TIMES PER WEEK FOR 3 WEEKS, IN TREATMENT OF 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, Knee and Leg Chapter, Criteria for 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 Procedures, Hyaluronic Acid Injections.

Decision rationale: The California MTUS guidelines are silent. The Official Disability Guideline state that Euflexxa injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, to potentially delay total knee replacement. While the claimant is noted to have a functional response to Euflexxa injections in the past, there is no documentation of previous injection therapy since the time of the claimant's operative procedure that would necessitate the acute role of viscosupplementation injections. Given the above, the specific request for a series of Euflexxa injections at this stage in the claimant's clinical course of care would not be supported.