

Case Number:	CM13-0045130		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2012
Decision Date:	02/26/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 Sports Medicine and is licensed to practice in New York and 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 51-year-old female who reported an injury on 07/01/2012 who reportedly sustained a knee injury when a wooden pallet fell and struck the posterior aspect of her right knee. The patient was initially treated with medications and physical therapy. A radiology report dated 07/04/2012 revealed a normal examination of the knee. The patient's most recent clinical examination findings of the right knee revealed positive medial and patellofemoral joint line tenderness with range of motion described as 20 degrees in extension and 90 degrees in flexion. It was noted that the patient had a positive patellofemoral compression test and patellofemoral crepitation. The patient's diagnoses included chondromalacia patella of the right knee. The patient's treatment plan included Synvisc injections and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 series of Euflexxa Injections to the right knee as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Chapter, Hyaluronic acid injections.

Decision rationale: The requested 3 series of Euflexxa injections to the right knee as an outpatient is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of significantly limited functional capabilities as the result of severe osteoarthritis. Official Disability Guidelines recommend hyaluronic acid injections for patients who are significantly symptomatic due to severe osteoarthritis as documented by physical findings and imaging studies. The clinical documentation submitted for review does not provide any evidence that the patient has exhausted all lower levels of conservative care to include corticosteroid injections. Additionally, the clinical documentation does not indicate whether or not the patient is participating in any active therapy to provide functional benefit. The clinical documentation submitted for review does not provide any evidence of an imaging study to support the diagnosis of severe osteoarthritis of the right knee. Official Disability Guidelines do not recommend hyaluronic acid injections for chondromalacia patellae. The prescribing physician provides this as a diagnosis for this patient. As such, the requested 3 series of Euflexxa injections to the right knee as an outpatient is not medically necessary or appropriate.