MAXIMUS Federal Services

Case Number:	CM13-0052974		
Date Assigned:	01/15/2014	Date of Injury:	08/25/2011
Decision Date:	07/30/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 59-year-old male who reported an injury on 08/25/2011. The mechanism of injury was noted to be a strap on a chain that snapped out and injured his left knee. The injured worker's treatments were noted to be medications and injections. The injured worker's diagnoses were noted to be left knee chondromalacia and pain. The physical examination on 10/11/2013 noted the injured worker complained of increasing stabbing pain. He indicated the pain wakes him up at night. He stated no current use of anti-inflammatory medications. The examination of the left knee showed overall neutral alignment. There was no effusion. No joint line tenderness. Range of motion was 0 to 130 degrees with mild patellofemoral crepitus. There was no instability. The treatment plan included a recommendation for a repeat series of Euflexxa and a recommendation for a brace. The provider's rationale for the request was provided within the documentation dated 10/11/2013. A request for authorization for medical treatment was submitted with this review and dated 10/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SERIES OF THREE EUFLEXXA INJECTIONS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis in patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. Repeat series of injections: if documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. The examination dated 10/11/2013 fails to indicate an adequate pain assessment. The injured worker was status post Euflexxa series 2 months prior to this examination and the injured worker presented with increasing stabbing pain, especially in the anterior aspect of his patella right where the injury had occurred. The injured worker's evaluation fails to indicate failure of conservative care such as exercise or NSAIDs. It was not noted if prior injections were effective. Therefore, the request for A Series of Three Euflexxa Injections for The Left Knee is not medically necessary.