

Case Number:	CM13-0058275		
Date Assigned:	04/16/2014	Date of Injury:	01/20/2010
Decision Date:	05/27/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/27/2013

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 & Rehabilitation 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 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 49-year-old female who reported an injury on 01/20/2010. The mechanism of injury was not provided. The clinical documentation indicated the injured worker underwent a right knee medial femoral condyle microfracture. The documentation of 09/18/2013 revealed the injured worker had not varus or valgus laxity. The ACL, PCL, MCL, and LCL were intact. The injured worker had a range of motion of 0-130 degrees and a negative bounce home and Apley's compression distraction test. The injured worker had pain with patellofemoral compression. The diagnoses included right knee pain, status post right knee medial femoral condyle microfracture, and right chondromalacia patella. The treatment plan included aquatic therapy, 3 Euflexxa injections to treat right knee arthritis. It was indicated on 10/07/2011 the injured worker completed a series of right knee injections that provided a great deal of knee relief for approximately 4 months. The injured worker was additionally treated with Euflexxa injections on 03/09/2012 and completed a 3rd series of injections on 10/16/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF THREE EUFLEXXA INJECTION TO THE RIGHT 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 (ODG) Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Hyaluronic Injections.

Decision rationale: The Official Disability Guidelines recommend hyaluronic injections for injured workers with significantly symptomatic osteoarthritis that have not responded adequately to recommended conservative pharmacologic and non-pharmacologic treatments or are intolerant of these therapies. Repeat injections are appropriate if documented significant improvement in symptoms for 6 months or more and symptoms recur. Hyaluronic injections are not recommended for chondromalacia patella. The clinical documentation submitted for review indicated the injured worker had 3 prior series of Euflexxa injections. The physician indicated the injured worker had right knee arthritis. There was lack of documentation of objective findings of arthritis and the injured worker's diagnoses did not include the diagnosis of osteoarthritis. The diagnoses included chondromalacia patella. Additionally, there was lack of documentation of objective functional benefit that was received from prior injections. Given the above, the request for series of 3 Euflexxa injections to the right knee is not medically necessary.