MAXIMUS Federal Services

Case Number:	CM14-0006190		
Date Assigned:	02/07/2014	Date of Injury:	10/09/2011
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

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:

This patient is a 40-year-old gentleman, with date of injury of 10/9/2011, in which he sustained an injury to his left knee at work, while attempting to restrain a combative individual. In the process, the patient struck his left knee against a concrete floor. An MRI study of the left knee done 1/18/2012, revealed and undersurface oblique tear to the whole posterior horn and body of the medial meniscus of the left knee. After failing conservative treatment, the patient underwent surgery on 3/26/2012, consisting of left knee medial and lateral meniscectomy and chondroplasty of the patella. Review of primary treating physician's progress notes from 4/3/2014, documented x-ray findings showing "very mild joint space narrowing", non-indicative of clear osteoarthritis. A physical examination on the same visit also failed to document clear evidence of osteoarthritis. The current request is a new request for one series (of three) Euflexaa injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) series of three (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 (ODG), Knee & Leg (Acute & Chronic), Hyaluronic Acid Injections and 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 Chapter, Hyaluronic acid injections.

Decision rationale: Review of records indicates that this patient had a previous non-certified determination by outside utilization review agency for series of Euflexaa (Hyaluronic acid or Hylan) acid injections on 12/ 31/2013. The Official Disability Guidelines indicate that the criteria for Hyaluronic acid injections recommends a series of three to five (3 to 5) intra-articular injections, but is indicated only for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to standard non-pharmacologic and pharmacologic treatments. The primary treating physician's progress note of 4/3/2014, reveals x-ray findings on 4-view x-ray of left knee, which shows a 'very mild joint space narrowing and no osteophytes', therefore it is not conclusive evidence of definite osteoarthritis. Additionally, the primary treating physician's physical exam on same visit documents no joint effusion, no erythema or swelling of the knee, and stable valgus and varus stress tests. In light of the above, Euflexaa injections to left knee are not indicated. The request is not medically necessary.