

Case Number:	CM14-0008422		
Date Assigned:	02/12/2014	Date of Injury:	06/24/2011
Decision Date:	06/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 57-year-old male who was injured on June 24, 2011. The mechanism of injury is not specified. The most recent progress note dated February 6, 2014, indicates that the injured worker was seen 5.5 months previously and received the third (3rd) series of 3 Orthovisc injections. The injured worker endorses approximately five (5) months of relief from the injections. The injured worker is diagnosed as having patellofemoral arthritis and early medial compartment arthritis. Other conservative measures include ice and ibuprofen. The physical examination documents range of motion from 0 to 120° extensor lag with straight leg raise, no effusion to the knee, and patellofemoral crepitus. The utilization review in question was rendered on January 22, 2014. The reviewer non-certified the request for three (3) Euflexxa injections, and three (3) injections and/or arthrocentesis of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

EUFLEXXA INJECTIONS FOR THE LEFT KNEE #3: Overturned

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 American College of Occupational and Environmental Medicine Current Edition: Knee Disorders; Knee Pain, Injection Therapy.

Decision rationale: The ACOEM Guidelines support the use of viscosupplementation for the management of chronic osteoarthritis. Based on the clinical documentation provided, the injured worker is diagnosed with osteoarthritis and has responded well to the previous viscosupplementation injections. The injured worker received approximately five (5) months of relief. As such, the request is considered medically necessary.

ARTHROCENTESIS, ASPIRATION AND/ OR INJECTION #3: Overturned

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 American College of Occupational and Environmental Medicine Current Edition: Knee Disorders; Knee Pain, Injection Therapy.

Decision rationale: The requested Euflexxa injections for the left knee have been found to be medically necessary. As such, the requested procedure itself is also medically necessary.