

Case Number:	CM14-0136860		
Date Assigned:	09/03/2014	Date of Injury:	08/09/2010
Decision Date:	10/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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:

The injured worker is a 56-year-old male who was reportedly injured on 08/09/2010 after pulling a lasher with his right arm and felt pain. Diagnoses included degenerative arthritis right knee and status post left knee meniscectomy in 2008. Last progress note dated 07/24/2014 indicated complaints of neck pain, stiffness and shoulder pain. Mild antalgic gait noted. Right knee has normal reflexes. Moderate tenderness of the lateral and medial aspect and over the patellofemoral joint. There was boggy and localized swelling. 2+ effusion, coarse crepitus and muscle atrophy in the vastus medialis obliquus region. Strength was 4-/5 for the vastus medialis and vastus lateralis. Active flexion was 100 degrees and end feel with grinding and a springy block. Extension was 0 degrees. Active drawer, anterior drawer, valgus and varus stress test were negative. There was genu varum on the right. McMurray and patellar grind tests were positive. A request was made for Euflexxa right knee x 3 and was not certified on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa right knee x 3: 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 and Leg Chapter, 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 and Leg Chapter, Hyaluronic Acid Injections

Decision rationale: Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. In this case, there is no evidence of severe OA of the right knee. There is no documented trial of conservative management such as physical therapy for a reasonable period of time. Furthermore, the records indicate that the signs and symptoms are most notable at the patellofemoral region; however, viscosupplementation is not indicated for patellofemoral arthritis or chondromalacia patellae, Therefore, the request is considered not medically necessary in accordance to guidelines.