

Case Number:	CM14-0168849		
Date Assigned:	10/17/2014	Date of Injury:	04/27/2012
Decision Date:	11/19/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas, Pennsylvania, Ohio, and Michigan. 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 50-year-old female injured worker reportedly sustained knee injuries dated 04/27/2012. The right knee arthroscopic medial meniscectomy surgery is performed on 09/28/2012. The most recently submitted progress note of 9/16/14 indicates the injured worker complains of bilateral knee pain (719.46), followed by [REDACTED] awaiting authorization for Right knee replacement. Pain scale of 10/10 was reported on visual analogue scale (VAS). A follow up was scheduled on the 10/3/14. The injured workers return to work was scheduled on the 9/19/14 with limitations. The right knee cortisone injection received on 06/30/2014 provided significant relief for the right knee pain. The right knee has been treated with anti-inflammatory medications, cortisone medications and viscosupplementation. On February 10, 2014, it is documented that the injured worker completed her third right knee viscosupplementation injection. Examination findings include: antalgic gait and limited knee ranges-of-motion. Prescribed medications include: hydrocodone, trazadone, diazepam, and naproxen. The request was submitted for bilateral knee Euflexxa injections Quantity: 6 and was non-certified on 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee Euflexxa injections Quantity: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hyaluronic acid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Section-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 section, Hyaluronic Acid Injections

Decision rationale: The requested bilateral knee Euflexxa injections x6 is not medically indicated because these injections are medically indicated only for knee osteoarthritis pain management and this claimant does not demonstrate submitted radiographic or clinical evidence of bilateral knee osteoarthritis. Therefore the request is not medically necessary.