

Case Number:	CM14-0020255		
Date Assigned:	05/05/2014	Date of Injury:	09/13/2011
Decision Date:	07/09/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 & Rehabilitation has a subspecialty in Pain Medicine 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 56 year old female who reported an injury on 09/13/2011 due to being hit with a steel cart which caused her to fall. Still has pain and swelling that is constant with prolonged weight bearing. Physical examination revealed normal sensory bilaterally to lower extremities. Examination of the right knee showed medial and lateral joint line tenderness, posterior joint line tenderness and slight to moderate effusion. Gait on the right extremity was antalgic. Active range of motion of the right knee was flexion to 100 degrees and extension to 0 degrees. The injured worker rated the pain as 5/10. The MRI dated 06/12/2012 showed right knee medial meniscus tear. On 06/27/2013 the injured worker had right knee arthroscopic partial medial and lateral meniscectomy, chondroplasty of the patellofemoral sulcus, medial and lateral femoral condyles, and limited synovectomy. Progress note dated 08/22/2013 stated that the injured worker completed eight sessions of physical therapy. On 12/11/2013 the injured worker had a cortisone injection into the right knee with only short term relief which lasted two days. Examination of the right knee on 12/19/2013 showed medial and lateral joint line tenderness, posterior joint line tenderness and slight to moderate effusion. She also has patellofemoral joint tenderness and crepitus with compression and range of motion. The treatment plan is for a series of three Euflexxa injections on the right knee. The rationale was due to short lived improvement with cortisone injection to the right knee, it was felt that a viscosupplementation injection should be tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF THREE (3) EUFLEXXA INJECTIONS ON THE RIGHT KNEE QTY: 3.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Euflexxa (hyaluronate).

Decision rationale: The injured worker is status post arthroscopy of the right knee. The injured worker completed eight sessions of physical therapy. Recent steroid injection gave only short term pain relief which lasted two days. Official Disability Guidelines recommends documented symptomatic severe osteoarthritis of the knee needs to be documented. The injured worker does not have a diagnosis of osteoarthritis. Also the Official Disability Guidelines recommends hyaluronic acid injections for significant symptomatic osteoarthritis but have not responded well to conservative care (e.g., exercise) and medications or are intolerant of these therapies. There was a lack of documentation of an adequate attempt at conservative care within recent documentation. Therefore, the request for series of 3 Euflexxa injections on the right knee is not medically necessary.