

Case Number:	CM14-0030261		
Date Assigned:	06/20/2014	Date of Injury:	08/22/2010
Decision Date:	07/30/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 50-year-old female with a 8/22/10 date of injury. She is status post left knee arthroscopy as of February 2013. At the time of the request for authorization for Euflexxa injections, there is documentation of subjective complaints of constant pain in the left knee, and objective findings of positive boggy synovium noted to the left knee, tricompartmental tenderness, mild atrophy of the vastus medialis oblique and vastus lateralis region, adequate range of motion, positive pain with patellofemoral joint, and weakness in the quadriceps region. Left knee x-rays from 9/9/13 revealed no evidence of significant degenerative joint disease. Current diagnoses include status post left knee arthroscopy as of February 2013, and osteoarthritis/chondromalacia patella of the left knee. Treatment to date has been activity modification, medications, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injections x3 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 Knee and Leg 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.

Decision rationale: The MTUS does not address this issue. The Official Disability Guidelines state that Hyalgan injections may be recommended with documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies, failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection), and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In addition, the guidelines state that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of diagnoses of status post left knee arthroscopy as of February 2013 and osteoarthritis/chondromalacia patella of the left knee. In addition, there is documentation of failure of conservative treatment (such as physical therapy and medications). However, there is no documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or that the injured worker is intolerant of these therapies, the failure of additional conservative treatment (such as intra-articular steroid injection), and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. As such, the request is not medically necessary.