

Case Number:	CM14-0030653		
Date Assigned:	07/07/2014	Date of Injury:	10/29/2012
Decision Date:	10/14/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational Medicine 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 applicant is represented [REDACTED] employee, who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier knee arthroscopy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated February 27, 2014, the claim administrator denied a request for Euflexxa (viscosupplementation) injections. The applicant's attorney subsequently appealed. In a January 14, 2014, progress note, the applicant reported 5/10 knee pain, following earlier knee arthroscopy of October 2012. The applicant had ongoing complaints of patellofemoral pain syndrome, it was stated. Viscosupplementation injections were sought. The remainder of the file was surveyed. There was no evidence that the applicant had in fact received the viscosupplementation injections at issue at an earlier point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal Euflexxa Injections x 3 to the Left Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines-Treatment for Worker's Compensation, Online Edition Chapter: 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 ACOEM Practice Guidelines, Third Edition, Knee Chapter, Injections section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Knee Chapter, viscosupplementation injections have been used for knee osteoarthritis and to treat pain after arthroscopy and meniscectomy. In this case, the applicant has seemingly tried and failed time, medications, physical therapy, earlier knee arthroscopy, etc. Significant postoperative pain persists following earlier failed knee arthroscopy. The viscosupplementation (Euflexxa) injection at issue are therefore indicated. Accordingly, the request is medically necessary.