

Case Number:	CM14-0090830		
Date Assigned:	07/25/2014	Date of Injury:	07/14/2009
Decision Date:	09/30/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 64 year old male with a date of injury on 7/14/2009. The patient has ongoing symptoms with the right knee due to a fall. Diagnoses include osteoarthritis, and joint pain/contusion of knee. Subjective complaints are of knee pain that is affecting daily activities, and affecting sleep. Physical examination shows right knee tenderness at the medial joint line, with a positive Apley's and Compression distraction test, and reduced range of motion. Right knee MRI from 5/13/14 shows a degenerative horizontal tear of the medial meniscus, without clear evidence of substantial degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections to be injected once a week for three weeks into the right knee under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Integrated Treatment/Disability Duration Guidelines Knee & and Leg (Acute and 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, HYALURONIC ACID INJECTIONS.

Decision rationale: CA MTUS does not offer recommendations for hyaluronic acid injections. In the ODG it is recommended as an option for osteoarthritis. Indicated for patients who: Experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) ; Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. For this patient there is no evidence of osteoarthritis seen in the right knee from recent MRI. The evidence for significant symptomatic osteoarthritis and functional limitations was not apparent in the submitted records. Furthermore, the submitted records do not indicate the conservative therapy or medications that the patient has utilized for his symptoms. There is no evidence of an inadequate response or intolerance to pharmacologic treatments for osteoarthritis. Therefore, the medical necessity of this treatment is not established.