

Case Number:	CM14-0186426		
Date Assigned:	11/14/2014	Date of Injury:	08/21/2012
Decision Date:	04/20/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 04/13/2012. Initial complaints reported included loss of consciousness, laceration to the head, left clavicle injury. The injured worker was diagnosed as having closed head injury and fractured clavicle. Treatment to date has included conservative care, medications, x-rays and MRIs of the cervical spine, left hip, and left shoulder, CT scan of the lumbar and thoracic spines, cervical spine, head, chest, abdomen, chest and pelvis, right knee surgery (07/2014), physical therapy, electrodiagnostic testing of the bilateral upper extremities, venous duplex of both lower extremities, MRI of the brain, and psychiatric therapy. Currently, the injured worker complains of neck pain radiating into the left shoulder and associated numbness and tingling in the fingers, low back pain radiating into the left lower extremity, and left shoulder pain radiating to the right wrist with associated numbness and tingling. Current diagnoses include cervical strain/sprain, thoracic strain/sprain, lumbar strain/sprain, left hemopneumothorax pulmonary contusion, chest trauma, closed head injury, and left shoulder adhesive capsulitis. The treatment plan consisted of Euflexxa injection for the right knee times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injection for the right knee x3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and Hyaluronic injections pg 34.

Decision rationale: According to the ODG guidelines, Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional. In this case, the claimant does have documentation of the criteria for arthritis as above to receive Euflexxa injections. Recent exam findings were not provided. The request for the 3 Euflexxa injections are not medically necessary.