

Case Number:	CM15-0183084		
Date Assigned:	10/14/2015	Date of Injury:	09/28/2004
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old male who sustained an industrial injury on 9-28-04. The injured worker reported discomfort in the low back with radiation to the bilateral lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for lumbago, sciatica, L4-5 grade I spondylosis and right wrist pain. Medical records dated 9-22-15 indicate "hand pain and cramping pain and numbness down both of his legs." Provider documentation dated 9-22-15 noted the work status as permanent work restrictions. Treatment has included functional restoration program, Norco since at least July of 2015, Lidoderm Patch since at least August of 2015, Nucynta since at least August of 2015, transcutaneous electrical nerve stimulation unit, ice, heat, home exercise program and left knee radiographic studies. Objective findings dated 9-22-15 were notable for right hand with tenderness, positive grind test at the CMC joints, lumbar spine with tenderness, pain upon range of motion, hypesthesia to pinprick and light touch in left lower extremity. Objective findings dated 8-18-15 were notable for left knee with lateral joint line and patellofemoral joint tenderness, "patellofemoral crepitation associated with pain." The original utilization review (9-21-15) partially approved a request for 1 Euflexxa injections-series of 3 under ultrasound guidance to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Euflexxa injections-series of 3 under ultrasound guidance to the 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 (ODG) Knee & Leg (Hyaluronic acid injections) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic Acid Injections.

Decision rationale: According to the official disability guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments such as exercise, NSAIDs or acetaminophen after 3 months. Other criteria include, age over 50 years, pain that interferes with functional activities (ambulation, prolonged standing) and not attributed to other forms of joint disease, failure to respond to aspiration and injection of intra-articular steroids, are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. According to the documents available for review, the injured worker does not have a diagnosis of severe osteoarthritis. Therefore at this time the requirements for treatment have not been met, and therefore the request is not medically necessary and has not been established.