

Case Number:	CM15-0187725		
Date Assigned:	09/29/2015	Date of Injury:	10/03/2012
Decision Date:	11/12/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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: Physical Medicine & Rehabilitation, 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 58 year old female, who sustained an industrial injury on 10-3-12. The injured worker is diagnosed with left knee meniscus tear. Disability-work status was not addressed. A note dated 8-11-15 reveals the injured worker presented with complaints of left knee pain. A note dated 4-7-15 revealed complaints of dull and achy pain, she is not requiring any medications and is able to fully bear weight from the "visco injection". A physical examination dated 8-11-15 reveals a mildly altered gait. The left knee examination reveals pain at end of range of motion, extension is 0 and flexion is 120, strength is 5 out of 5. The examination dated 4-7-15 revealed mild swelling at the left knee, normal gait, stable region and range of motion within acceptable limits. Treatment to date has included Euflexxa knee injections, which provided approximately 60% pain relief for greater than 5 months, per note dated 8-11-15, and medications (Tylenol and Advil). A left knee x-ray revealed moderate osteoarthritic changes, per note dated 8-11-15. A request for authorization dated 8-18-15 for Euflexxa injections (series of three) is non-certified, per Utilization Review letter dated 8-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three (3) euflexxa injections: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in October 2012 and is being treated for left knee pain with a diagnosis of osteoarthritis. In April 2015, she was about 60% better. She was no longer taking medications for pain after viscosupplementation injections. She was full weight bearing and was not using an assistive device. Physical examination findings included decreased knee flexion. Her body mass index was over 33. When seen in August 2015, she had noticed the injection was starting to wear off 2-3 weeks ago. She was being seen for a six-month follow-up after the last injection series. She was taking Tylenol and Advil for pain control. She continued to ambulate without an assistive device. Physical examination findings now included a mildly antalgic gait. There was pain at the end range of motion in flexion. There was normal strength. An x-ray is referenced as showing moderate osteoarthritic changes of the left knee. A repeat series of injections is being requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant has moderate rather than severe osteoarthritis of the knee and appears to have had somewhat less than 6 months of benefit from the previous injections that were performed. Over the counter medications are being taken with reported benefit. A repeat series of injections is not medically necessary.