MAXIMUS Federal Services

Case Number:	CM15-0195226		
Date Assigned:	10/09/2015	Date of Injury:	04/10/2002
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 a represented 67-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 10, 2002. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve requests for 3 cortisone and Euflexxa (viscosupplementation) injections. The claims administrator contended that the applicant had had prior Euflexxa injections in March 2014. The claims administrator contended that the applicant had failed to profit from the same. The claims administrator did apparently partially approve the request as one (1) cortisone injection alone. The claims administrator referenced a September 28, 2015 office visit in its determination. The applicant personally appealed. The applicant apparently wrote on the UR report that he took exception with the claims administrator's contention that he had had prior Euflexxa injections. The applicant also apparently contended that attempts on his part to seek redress through the claims administrator had proven unfruitful. On an appeal letter dated October 13, 2015, the treating provider noted that the applicant was not working. The treating provider contended that the applicant had had a historically positive response to Euflexxa injection therapy, while acknowledging that the applicant was not working. The applicant was using Ultram and Ambien, the treating provider contended. The treating provider contended that he had in fact requested Euflexxa (viscosupplementation) injections as opposed to cortisone injections. On another appeal letter dated September 25, 2015, the attending provider contended that the claims administrator had based some of its denials, in part,

on causation grounds. The applicant had apparently received multiple Euflexxa (viscosupplementation) injections in December 2011. On an RFA form dated August 28, 2015, the attending provider did seek authorization for repeat cortisone-Euflexxa injections x3. On an associated progress note dated September 28, 2015, difficult to follow, the attending provider noted that the applicant had multifocal complaints of low back and bilateral knee pain attributed to sciatica, lumbar diskopathy, and myofascial pain syndrome. The note mingled historical issues with current issues to a considerable degree and did not always incorporate full sentences but, at times, employed very terse phrases. The attending provider contended that previous injections in 2013 gave the applicant 50% pain relief. This was not elaborated or expounded upon. Tramadol and Ambien were apparently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone/Euflexxa injections, Qty 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Hyaluronic acid injections; Official Disability Guidelines: Knee & Leg - Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: No, the request for three (3) cortisone-Euflexxa injections was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive techniques such as the cortisone-Euflexxa injection(s) are "not routinely indicated." Here, the attending provider's various appeal letters and progress notes, including the August 28, 2015 office visit at issue, were difficult to follow, mingled historical issues with current issues to a considerable degree, and did not clearly state why a series of 3 cortisone and Euflexxa injections were concurrently proposed in the face of the tepid-to- unfavorable position on the same set forth in the MTUS Guideline in ACOEM Chapter 13, page 339. Since the 3 cortisone injection(s) component of the request was not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.