

Case Number:	CM15-0205853		
Date Assigned:	10/22/2015	Date of Injury:	10/17/2013
Decision Date:	12/04/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 54 year old female, who sustained an industrial injury on 10-17-2013. The injured worker was diagnosed as having status post right knee patella chondroplasty with partial medial menisectomy. On medical records dated 06-18-2015, 07-16-2015 and 08-06-2015, the subjective complaints were noted as intermittent right knee pain with prolonged walking, standing and climbing. Objective findings were noted as walking with a normal gait. Soreness to palpation medially, no swelling or effusion was noted. Range of motion was noted as 0 - 120 and a positive McMurray and Apley test was noted as well. Treatments to date included physical therapy and home exercise program. Nerve conduction study and electromyogram of lower extremities on 09-03-2014 revealed normal studies. The injured worker was noted to have refused a cortisone injections to the right knee on 06-18-2015. The injured worker was noted to on modified work duty. Current medications were not listed as on 08-06- 2015. The Utilization Review (UR) was dated 09-25-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for right knee Euflexxa injections times 3 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Euflexxa injections times 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 and Leg, Hyaluronic acid injections, Criteria for 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 and leg.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative non-pharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. In this case the guidelines recommend viscosupplementation for patients with documented severe osteoarthritis of the knee. However, the submitted documentation does not include radiology reports of weight bearing x-rays, MRI reports documenting severe articular cartilage damage or an operative report documenting severe cartilage changes. Therefore the request does not meet criteria set forth in the guidelines and is therefore not medically necessary.