MAXIMUS Federal Services

Case Number:	CM15-0210446		
Date Assigned:	10/29/2015	Date of Injury:	03/13/2015
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/26/2015

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 39-year-old female who sustained an industrial injury on (3-13-15). The injured worker reported right knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for chondromalacia patellae, right knee. Provider documentation dated 10-13-15 noted the work status as "continue present light duty status". Treatment has included physical therapy, Naprosyn since at least June of 2015, radiographic studies and magnetic resonance imaging. Objective findings dated 10-13-15 were notable for patellofemoral crepitus to the right knee with pain to palpation to the patellofemoral area. The original utilization review (9-23-15) denied a request for Euflexxa injections for the right knee (1 injection per week for 3 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections for the right knee (1 injection per week for 3 weeks): 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in March 2015 while working as a CNA when she was transferring a resident from wheelchair to bed with injury to the right knee. Treatments have included Naprosyn and physical therapy. An MRI of the right knee showed a medial meniscus tear and Grade I medial collateral ligament injury. The requesting provider saw her for an initial orthopedic evaluation on 09/14/15. X-rays had been negative. Her MRI result was reviewed. Physical examination findings included a normal body mass index. There was patellar hypermobility with mild patellar apprehension and patellofemoral pain with compression. There was no joint line tenderness. A service of viscosupplementation injections was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for hyaluronic acid injections for the treatment of other conditions. In this case, the claimant has clinical findings of patellofemoral syndrome and a meniscus tear and medial collateral ligament sprain by imaging. There is no diagnosis of osteoarthritis. The requested series of injections is not considered medically necessary.