

Case Number:	CM15-0041538		
Date Assigned:	03/11/2015	Date of Injury:	12/19/2013
Decision Date:	07/14/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/04/2015

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 50 year old male, who sustained an industrial injury on December 19, 2013, incurring right knee injuries after twisting the knee and falling to the ground. He was diagnosed with medial compartment arthrosis and degenerative joint disease. Treatment included anti-inflammatory drugs, pain medications, two surgical knee arthroscopies, and work restrictions. Currently, the injured worker complained of continued sharp right knee pain, crepitus, restricted range of motion, difficulty standing and walking. The treatment plan that was requested for authorization included Euflexxa injection for the right knee and evaluation and treatment of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for right knee pain. When seen, he was having severe pain with popping and clicking. He was now also having left knee pain. There was an antalgic gait with decreased right knee range of motion with crepitus. There was joint line tenderness bilaterally. The claimant has severe right medial compartment degenerative joint disease. Viscosupplementation injections were requested. Authorization to treat the claimant's left knee was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. In this case, the claimant has severe medial compartment degenerative joint disease. Prior conservative treatments have included physical therapy and medications. The request was medically necessary.

Eval and Treat right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 4 - Causality.

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for right knee pain. When seen, he was having severe pain with popping and clicking. He was now also having left knee pain. There was an antalgic gait with decreased right knee range of motion with crepitus. There was joint line tenderness bilaterally. The claimant has severe right medial compartment degenerative joint disease. Viscosupplementation injections were requested. Authorization to treat the claimant's left knee was requested. In terms of the request for treatment authorization, no particular treatment is being requested. The determination as to whether the claimant's left knee condition is work related would be made by the adjuster in the case. The request is not medically necessary.