MAXIMUS Federal Services

Case Number:	CM15-0083062		
Date Assigned:	05/05/2015	Date of Injury:	05/23/2010
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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 57 year old female, who sustained an industrial injury on 05/23/2010. She reported complaints of pain in her neck, mid back, and both shoulders that she felt was due to repetitious tasks while performing normal work duties. She has a previous claim for a cumulative trauma injury to her right knee after feeling pain when walking the steps in the parking lot and was diagnosed with a torn meniscus. The injured worker is currently has work restrictions to preclude the injured worker from repetitive squatting, kneeling, and ladder climbing. The injured worker is currently diagnosed as having right lateral patellofemoral knee pain. Treatment and diagnostics to date has included right knee MRI, cervical spine MRI, bilateral wrist ultrasound, electromyography of bilateral upper extremities, physical therapy, acupuncture, injections, and medications. In a progress note dated 03/19/, the injured worker presented with complaints of constant right knee pain. Objective findings included tenderness to medial joint line and trace patellofemoral pain. The treating physician reported requesting authorization for Euflexxa injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, 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) Hyaluronic acid injections.

Decision rationale: The claimant is more than five-year status post work-related injury and continued to be treated for right knee pain. X-rays of the right knee showed findings of severe osteoarthritis. When seen, she was having constant pain. There was lateral joint line tenderness and crepitus. Recommendations included use of over-the-counter non-steroidal anti-inflammatory medication as needed. Also requested was authorization for Euflexxa injections. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. In this case, when requested, other recommended treatments included the use of oral anti-inflammatory medications on an as needed basis. Since the claimant has not failed a trial of oral anti-inflammatory medication, this request cannot be considered as medically necessary. Additionally, she would have to undergo an appropriate trial, which would include scheduled rather than as needed dosing.