

Case Number:	CM15-0083139		
Date Assigned:	05/05/2015	Date of Injury:	02/27/2014
Decision Date:	06/03/2015	UR Denial Date:	04/06/2015
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 35 year old male injured worker suffered an industrial injury on 02/27/2014. The diagnoses included right knee joint pain and right patellofemoral syndrome and right knee chondromalacia. The injured worker had been treated with physical therapy and medications. On 4/6/2015 the treating provider reported the pain was worse in the right knee 4/10 and was made worse by activity. On exam there was right knee tenderness. The treatment plan included Right Knee Euflexxa Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Euflexxa Injections - Series of 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 (ODG), Treatment Index, 13th Edition (web), 2015, Knee and 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) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The claimant sustains a work injury in February 2014 and underwent arthroscopic surgery in September 2014. When seen, there had been no improvement. Medications included Norco. Prior treatments had included physical therapy. Physical examination findings included decreased range of motion with marked medial joint line tenderness. Imaging results were reviewed including findings of medial compartment degenerative changes. The assessment references a diagnosis of osteoarthritis with the claimant being too young to consider further surgery. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. In this case, the claimant does not have findings of severe osteoarthritis and is being treated for patellofemoral syndrome. There is insufficient evidence for conditions, including patellofemoral arthritis or chondromalacia. Therefore, the requested series of injections is not medically necessary.