

Case Number:	CM15-0085443		
Date Assigned:	05/08/2015	Date of Injury:	05/06/2013
Decision Date:	06/08/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/05/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 36 year old male, who sustained an industrial injury on 5/06/2013. The mechanism of injury was continuous trauma, caused by repetitive lifting and bending. The injured worker was diagnosed as having bilateral rotator cuff injury, status post right shoulder surgery, bilateral shoulder pain, and adhesive capsulitis, right. Treatment to date has included diagnostics of shoulders, right shoulder surgery 1/10/2014, unspecified physical therapy, and medications. Currently, the injured worker complains of improved left shoulder pain and unchanged right shoulder pain. He used Celebrex and Elavil, which made his shoulder pain tolerable. Right knee pain was noted in the infrapatellar region, noted as constant and increased with weather change. He described the pain as achy and limited his ability to walk and stand. He reported similar pain in the left knee, and requested viscosupplementation. He was able to transfer and gait was non-antalgic. He had mild to moderate crepitation with range of motion in the knees, right greater than left, and tenderness to palpation over the medial and lateral aspects of both knees. The treatment plan included a request for Euflexxa injection x 3 to the right knee and continued medications. He was currently not working. Diagnostic reports regarding the knees were not referenced or submitted. An Agreed Medical Examination (11/17/2014) noted that the injured worker first started to note aching knees in 2006, underwent unspecified conservative treatment, and two surgeries on his right knee.

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 (#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), Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hyaluronic acid.

Decision rationale: The ACOEM and California MTUS do not address the requested service. The ODG states the requested service is indicated in the treatment of moderate to severe osteoarthritis of the knee that is radiographic proven. The patient does not have this diagnosis and therefore the request is not medically necessary.