

Case Number:	CM14-0112283		
Date Assigned:	08/01/2014	Date of Injury:	03/07/2009
Decision Date:	09/30/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old female with a 3/7/09 date of injury. The mechanism of injury occurred when she was walking and make a quick turn and slipped and fell. This resulted in neck, shoulder, low back, and bilateral knee pain. The patient was seen in early January of 2014 and had viscosupplementation at that time. A progress note from February 21 2014 stated the patient had no relief with these injections and had bilateral knee pain with clicking upon movement. According to a progress note dated 7/28/14, the patient continued to experience right knee pain status post right knee arthroscopy with synovectomy, partial medial meniscectomy, chondroplasty of the medial femoral condyle on 4/28/14. She had undergone a series of 3 Euflexxa injections preoperatively. The provider is requesting a series of 3 Euflexxa injections to the right knee to treat her medial compartment arthritis and paraffin wax machine for her right hand. Objective findings: slight effusion of right knee, pain with direct palpation along medial joint line, swelling at entire dorsal palmar aspect and into her fingers, pain with range of motion ROM throughout hand. Diagnostic impression: right knee medial meniscectomy, right knee arthritis, lumbago, right hand pain. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 7/6/14 denied the requests for paraffin wax machine and Euflexxa injections. Regarding paraffin wax machine, there are no peer review studies that show that this treatment affects outcome, it is not considered standard of care. Regarding Euflexxa injections, there is no note or imaging showing significant arthritis. The request for repeat Euflexxa does not meet evidence based guidelines based on lack of evidence of arthritis and lack of improvement with prior injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Forearm, Wrist, Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care. In the progress notes reviewed, there is no documentation that the patient has been diagnosed with an arthritic condition in her hands. A specific rationale identifying why Paraffin baths would be required in this patient despite lack of guidelines support was not provided. Therefore, the request for Paraffin wax machine was not medically necessary.

Series Of Euflexxa Injections under Ultrasound guidance 1 x 3 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Euflexxa) Peer-reviewed literature 'Efficacy of Intraarticular Hyaluronic Acid Injections in Knee Osteoarthritis'.

Decision rationale: CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. However, it is noted in a report dated 2/21/14 that the patient had undergone a series of 3 Orthovisc injections that did not provide her any relief of her knee pains. She still had pain and occasional clicking in both knees. It is unclear why a series of Euflexxa injections would benefit the patient when a previous treatment with viscosupplementation injections was not effective. Therefore, the request for series of Euflexxa injections under ultrasound guidance 1 x 3 for the right knee was not medically necessary.