MAXIMUS Federal Services

Case Number:	CM15-0125150		
Date Assigned:	07/09/2015	Date of Injury:	06/11/2004
Decision Date:	08/11/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 69-year-old female, who sustained an industrial injury on 6/11/04. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery, medication, x-ray, MRI, physical therapy, home exercise program and a varus heel wedge. Currently, the injured worker complains of left knee pain with range of motion. The injured worker is diagnosed with left knee lateral compartment arthrosis grade IV chondromalaciia, left knee lateral subtotal meniscectomy and left knee pain. She is temporarily totally disabled. In a noted dated 3/5/15, the injured worker reported experiencing benefit from physical therapy and was able to extend her walking stamina by 20 minutes. She experienced increased muscle strength and increased ability to engage in activities of daily living. There is tenderness along the joint line of her left knee on examination, per a note dated 3/25/15. In a note dated 4/15/15, the injured worker reported the heel wedge was not helpful in alleviating her symptoms. The note also states the injured worker is experiencing falls that are resulting in injury, due to left knee weakness. The injured worker was unable to tolerate a complete examination of her left knee due to severe pain after the fall. The x-ray, date unknown, reveals the left knee is bone on bone arthritis. The treatment, Eurflexxa injections under ultrasound guidance (3 sessions) to the injured worker's left knee is requested to treat the left knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eurflexxa Injections under Ultrasound Guidance 3 sessions, Left Knee, Qty 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: 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) Knee and Leg/ Hyaluronic Acid.

Decision rationale: According to ODG guidelines, MTUS is silent, Hyaluronic acid injections such as Eurflexxa are "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. While OA of the knee is a recommended indication there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome." Based on my review of the provided records, the injured worker's symptoms are primarily due to conditions that are not found to be effectively treated with HA injections. Additionally there is no diagnoses of severe osteoarthritis recorded in the provided medical records. Based on the provided medical records and cited guideline, the requested treatment is not medically necessary at this time.