

Case Number:	CM15-0026543		
Date Assigned:	02/18/2015	Date of Injury:	09/10/2013
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male who sustained an industrial injury on 9/10/13 from a slip and fall involving his left knee. Currently he complains of left knee pain medial and lateral aspect with catching; low back pain with radiation into buttocks and knee popping with full extension. Activities of daily living are moderately impacted. Diagnoses include status post arthroscopy of the left knee with revision of medial meniscectomy, synovectomy, debridement and chondroplasty of the medial condyle and medial tibial plateau (9/10/14); depression. Treatments to date include psychological evaluation; physical therapy with benefit. Diagnostics include abnormal left knee MRI (10/1/13) and a repeat MRI (6/8/14) which revealed recurrent medial meniscal tear; bilateral knee x-rays (5/3/13) which were normal. On 2/2/15 Utilization Review non-certified the request for Euflexxa injection X3 for the left knee as an outpatient, citing ACOEM: Knee Disorders-Knee Pain and Osteoarthritis: Clinical measures, Injection Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Euflexxa Injections times 3 for the Left Knee, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) - Knee Disorders - Knee Pain and Osteoarthritis: Clinical Measures, Injection Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter Hyaluronic acid injections.

Decision rationale: The patient presents with lower back and left knee pain. The current request is for 3 Euflexxa Injections times 3 for the left knee, as outpatient. The treating physician states, "Appeal denied injections. Patient young, attempting to avoid further surgery." (25B) The treating physician also documented that the patient has had 12 physical therapy sessions and is taking Tramadol ER since December 2014. The ODG guidelines state, "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months." In this case, the treating physician has not documented that the patient has severe osteoarthritis. In addition, the patient has not failed conservative treatment after 3 months. There is only documentation that the patient has had 12 visits of physical therapy and is taking oral medications but it did not state how it was helping the patient. The current request is not medically necessary and the recommendation is for denial.