

Case Number:	CM15-0061762		
Date Assigned:	04/07/2015	Date of Injury:	08/05/2013
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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 injured worker is a 59 year old male, who sustained an industrial injury on 08/05/2013. He was seen for right knee pain. Treatment to date has included MRI, physical therapy, Euflexxa injections and medications. Current medications included Ibuprofen. Diagnoses included degenerative joint disease unspecified whether generalized or localized lower leg, status post arthroscopy knee and tear of medial cartilage or meniscus of knee current. Treatment plan included start Euflexxa injections weekly for 3 weeks. According to the provider, right knee osteoarthritis responded well to the previous series of Euflexxa injections, but symptoms recently resurfaced. The previous injections helped for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa x 3, Right knee, with Ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg procedure summary.

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 is nearly 2 years status post work-related injury and continues to be treated for chronic right knee pain with a diagnosis of osteoarthritis. Prior visco-supplementation injections in July 2014 had been beneficial with decreased pain lasting for 6 months. After the injections, the claimant had been able to do roofing work and ride his horse. 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. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. Although injections are generally performed without fluoroscopic or ultrasound guidance, there is evidence that the use of imaging improves accuracy. In this case, the claimant meets the above criteria and therefore the repeat series of injections with ultrasound guidance is medically necessary.