

Case Number:	CM15-0068990		
Date Assigned:	04/16/2015	Date of Injury:	12/20/2013
Decision Date:	06/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/12/2015

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: New Jersey, New York
 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 29 year old female, who sustained an industrial injury on 12/20/2013. According to a progress report dated 02/25/2015, the injured worker complained of right knee pain. She had returned to work without restrictions and her knee felt more painful than before surgery. She was unable to take anti-inflammatories due to gastric reflux and upset. She had minimal relief with previous cortisone injections. She continued to do home exercises and had lost 20 pounds. She was starting to have pain in her left knee that was similar to her right knee. She was unable to squat and kneel at work. She was favoring the right knee and over compensating with the left. Diagnoses included status post resection of the fat pad, partial synovectomy of the patellofemoral joint, chondroplasty of the medial patellar facet and lateral tibial plateau right knee and left knee pain. Treatment plan included a series of Euflexxa injections and a full work up for the left knee. Currently under review is the request for 1 series of 3 Euflexxa injections for the right knee under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SERIES OF 3 EUFLEXXA INJECTIONS FOR THE RIGHT KNEE UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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 request for euflexxa is not medically necessary. ODG guidelines were used as MTUS does not address this request. Euflexxa may be beneficial for severe osteoarthritis for patients who have not responded to conservative treatment. It is not a cure, but provides comfort and functional improvement to temporarily avoid knee replacement. The patient was not diagnosed with severe symptomatic osteoarthritis of the knee which is a necessary criteria according to the guidelines. Hyaluronic injections are not indicated for chondromalacia patellae which the patient was diagnosed with. Therefore, Euflexxa is not medically necessary at this time.