

Case Number:	CM15-0098408		
Date Assigned:	05/29/2015	Date of Injury:	08/28/2014
Decision Date:	06/29/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/21/2015

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 female, with a reported date of injury of 08/28/2014. The diagnoses include right lateral meniscus tear, right chondromalacia, right osteophyte, and right knee pain. Treatments to date have included right knee surgery on 01/09/2015; an MRI of the right knee which showed synovitis, degenerative tear of the body and anterior horn of the lateral meniscus, moderate to advance arthrosis of the lateral compartment with a loose body of focal synovitis, and moderate arthrosis of the patellofemoral and mild in the medial compartment; oral medications; cortisone injection; and physical therapy for the right knee. The medical report dated 04/28/2015 indicates that the injured worker continued to have pain in the right knee. She was taken off the NSAIDs (non-steroidal anti-inflammatory drugs) due to kidney problems. The objective findings include mild effusion of the right knee; mild valgus alignment of the right knee; tenderness to palpation over the right lateral joint line; tenderness of the retinaculum; full range of motion of the right knee; and negative McMurray's test. The treating physician requested Euflexxa injections once a week for three weeks for the right knee. It was noted that injection was meant to act as a lubricant and concentrated food for the knee, and that it could decrease pain and inflammation in the joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections (right knee) 1 injection a week for 3 weeks: 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, criteria for 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 & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in August 2014 and underwent arthroscopic surgery in January 2015. She continues to be treated for right knee pain. Treatments have included postoperative physical therapy. She is unable to take NSAIDs medication due to renal insufficiency. When seen, there was a mild effusion. There was lateral joint line and retinacular tenderness. There was full range of motion without ligamentous instability. An x-ray of the knee had shown findings of moderate right lateral compartment degenerative changes. Of note, the claimant has undergone a left total knee replacement. 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. In this case, the claimant has findings consistent with degenerative changes of the knee and knee arthroplasty would appear under consideration. She is unable to take NSAIDs. Therefore, the requested series of injections is medically necessary.