

Case Number:	CM13-0055027		
Date Assigned:	12/30/2013	Date of Injury:	07/18/1994
Decision Date:	03/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 78-year-old male who reported an injury on 07/18/1994. The mechanism of injury is not specifically stated. The patient is currently diagnosed with osteoarthritis of the knee and knee pain. The patient was seen by [REDACTED] on 07/18/2013. The patient presented for the second Euflexxa injection into bilateral knees. Physical examination was not provided. Treatment recommendations included Euflexxa injections into bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injections. DOS 7/11/2013 and 7/18/2013- bilateral knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic acid injections

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques are not routinely indicated. Official Disability Guidelines state hyaluronic acid injections are

indicated in patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. As per the documentation submitted, the patient received Euflexxa injections on 07/11/2013, and 07/18/2013 by [REDACTED]. There was no physical examination provided on either date. The only physical examination provided for this review is dated 01/03/2013 by [REDACTED]. The patient only demonstrated very minimal tenderness with a small effusion on the left. There is no evidence of symptomatic osteoarthritis. There is also no documentation of an unresponsiveness to conservative treatment. The patient also received Euflexxa injections in 01/2013. However, there was no documentation of significant improvement in symptoms for 6 months following the initial injection. Based on the clinical information received, the request is non-certified.