

Case Number:	CM14-0007167		
Date Assigned:	02/07/2014	Date of Injury:	03/16/2011
Decision Date:	07/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/20/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/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 injured worker is a 27-year-old male who reported an injury on 03/16/2011. The injured worker underwent a left knee arthroscopy on 08/07/2013. The postoperative treatment included physical therapy and medications. There were 2 DWC Form Request for Authorizations submitted with the requested service, one was dated 12/11/2013 and one was dated 02/20/2014. There was no PR-2 submitted with the requested DWC Form Request for Authorization. The diagnosis was internal derangement of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 LEFT KNEE EUFLEXXA INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Euflexxa, Hyaluronic acid injections.

Decision rationale: The California MTUS and ACOEM Guidelines do not address Euflexxa or hyaluronic injections. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that hyaluronic acid injections are recommended as an option for severe

osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment including exercise, NSAIDs or acetaminophen to potentially delay a total knee replacement. They indicate there should be documented symptomatic severe osteoarthritis of the knee including bony enlargement or bony tenderness or crepitus on active motion or less than 30 minutes of morning stiffness and no palpable warmth of synovium and over 50 years of age. There should be documentation that pain interferes with functional activities and there should be documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. Hyaluronic acid injections are not recommended for any other indications. There was a lack of documentation of a PR-2 with objective findings to support the request. Given the above, the request for 3 left knee Euflexxa injections is not medically necessary.