

Case Number:	CM14-0134847		
Date Assigned:	08/27/2014	Date of Injury:	05/06/2013
Decision Date:	10/02/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Practice 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 62 year old female who reported an injury on 05/06/2013 due to a trip and fall. The injured worker has a diagnosis of medial meniscal tear of the right knee. The injured worker had physical therapy. Diagnostic tests include x-rays of the right knee that revealed 3mm medial joint space, retroparellar spurs and degenerative arthritis. An MRI of the right knee on 08/10/2013 revealed a medial meniscal tear. The surgical history included a partial meniscectomy and chondroplasty of the medial femoral condyle of the left knee. On 12/16/2013, the injured worker reported bilateral shoulder pain. Objective findings included tenderness in the left knee with pain with range of motion. Range of motion of the knees was noted to be 0-105 degrees. The treatment plan included Euflexxa injections for the right knee. A request was received for Euflexxa injection medication kit x3 for the right knee. However, a clear rationale and the Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection medication kit times 3 for the right knee: 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, Hyaluronic acid injections.

Decision rationale: The request for euflexxa injection medication kit times 3 for the right knee is not medically necessary. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen), or are intolerant of these therapies (e.g. gastrointestinal problems related to anti-inflammatory medications), after at least three months. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Injections are recommended for injured workers whose pain interferes with functional activities. The injured worker has been treated with physical therapy and medications; however, no supportive documentation was provided indicating the failure of conservative care. There is a lack of physical examination findings of the right knee to support the request. In addition, there is no indication the injured worker's right knee pain interfered with her functional activities. As such, the request for Euflexxa injection medication kit times 3 for the right knee is not medically necessary.