

<b>Case Number:</b>	CM14-0153162		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 54 year old female with a 9/11/12 injury date. She sustained an injury while closing a bank vault door. In a 7/11/14 follow-up, the patient complained of right thumb pain. On exam, there was a positive grind test at the CMC joint. The provider administered a cortisone injection to the right thumb CMC joint. The injection helped for about 2 weeks. Diagnostic impression: right thumb CMC joint arthritis. Treatment to date: right thumb cortisone injection, medications. A UR decision on 9/5/14 denied the request for Euflexxa injections right thumb on the basis that Euflexxa injections have not been adequately proven to be effective in the thumb CMC joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Euflexxa Injections, Right Thumb:** 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 ODG Knee Leg

**Decision rationale:** CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has

not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. However, there are no evidence-based guidelines on the safety and efficacy of hyaluronic acid injections in the hand or wrist. Therefore, the request for Euflexxa injections, right thumb, is not medically necessary.