

Case Number:	CM14-0025861		
Date Assigned:	08/27/2014	Date of Injury:	09/08/2013
Decision Date:	10/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 56 year old female who reported an injury on 09/08/2013 due to repetition of the same motion. The injured worker was diagnosed with localized primary arthrosis of lower extremity. Past treatment included medications, and steroid injections which provided 75% relief lasting 3 weeks. Diagnostic studies included an MRI of the right knee on 11/12/2013. No pertinent surgical history was indicated. The injured worker complained of moderate to severe aching pain to the medial side of the right knee on 12/30/2013. The injured worker stated the symptoms were neither improved nor worsened. Range of motion of the right knee was intact and there was no swelling or tenderness to the right lower extremity. The medications included Celebrex 200mg, Mobic 15mg. The treatment plan is for Euflexxa injections to the right knee x 3. The rationale for the request was not provided. The request for authorization form was submitted 01/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections to the right knee X3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index, 11th Edition, Web (2013), Knee and Leg, 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, Hyaluronic acid injections.

Decision rationale: The request for Euflexxa injections to the right knee x3 is not medically necessary. The injured worker complained of moderate to severe aching pain to the medial side of the right knee. Past treatment included medications, and steroid injection which had given 75% relief lasting 3 weeks. The Official Disability Guidelines (ODG) recommend hyaluronic acid injections for patients with significantly symptomatic osteoarthritis that has not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or when patients are intolerant of these therapies after at least 3 months. Patients may present with bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium and pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. There is a lack of documentation indicating the injured worker is diagnosed with severe symptomatic osteoarthritis. There is a lack of documentation indicating the injured worker has pain which interferes with functional activities (e.g., ambulation, prolonged standing). Additionally, the requesting physician did not include adequate documentation of significant bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, less than 30 minutes of morning stiffness, and the absence of palpable warmth of synovium. Therefore, the request for Euflexxa injections to the right knee x3 is not medically necessary.