MAXIMUS Federal Services

Case Number:	CM14-0044008		
Date Assigned:	07/07/2014	Date of Injury:	10/04/2000
Decision Date:	08/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/11/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine 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 59 year old female was injured on 10/04/2000. The injureds treated with physical therapy, extra-strenght Tylenol and Cortisone. Her knee MRI reveal worker antalgic gait, swelling and effusion of the left knee, together with tendernes. She had Medial Meniscal tear. She complained of pain in her left knee. The pain is worse with prolonged standing. She had six months of improvement after knee arthroscopy followed by treatment with Euflexxa injections. However, the pain worsened recently, therefore her doctor requested for authorization for another prescription of Euflexxa injections for pain in joint Chondromalacia patella but this was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Euflexxa Injections-intra-articular 2ml for left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Guideline clearing House.

Decision rationale: The MTUS has no recommendation either for or against Euflexxa Injections (Hyaluronate injection) in the treatment of knee disease. The utilization reviewer has already stated the injured worker did not meet the criteria recommended by the Official Disability Guidelines for the use of hyaluronate. The National Guideline Clearing House has a C-recommendation (limited evidence that the intervention may improve important health and functional benefits) for Intraarticular hyaluronate injections for subacute or chronic hand osteoarthrosis, but has no recommendation for its use in the Knee. Although the documents reviewed reported the worker benefited from Euflexxa in the past, this is not supported by available guidelines; therefore it is not medically necessary and appropriate.