

Case Number:	CM14-0052735		
Date Assigned:	07/07/2014	Date of Injury:	07/02/2013
Decision Date:	08/13/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal Medicine and is licensed to practice in California. 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:

Patient is an injured worker with a left wrist condition. Primary treating physician's progress report (PR-2) for the date of service 03/27/2014 was provided by [REDACTED]. Date of injury was 7/2/2013. Chief complaint was left wrist pain. Subjective findings were documented: Patient has complaints of stiffness and pain at the left wrist. He has previously had an interarticular distal radial fracture that has now healed. He experiences wrist pain with stiffness. Altogether, the de Quervain's tenosynovitis has remarkably improved and nearly resolved. Objective findings were documented: left arm and wrist, noticeable atrophy at the forearm; 3 cm below the lateral epicondyle on the left 26 cm, on the right 29 cm; range of motion at the left wrist, flexion 35, extension 35, radial deviation 10, ulnar deviation 20; pain with direct palpation at the wrist joint; Finkelstein's test equivocal; no pain over the triangular fibrocartilage complex (TFCC). Diagnoses were left wrist pain with stiffness; left de Quervain's tenosynovitis nearly resolved; interarticular distal radial fracture; left triangular fibrocartilage complex (TFCC) tear. Treatment plan included a request for Euflexxa injection of the wrist. The physician stated, "I opine he would benefit from a series of three Euflexxa injections under ultrasound guidance at the wrist joint to treat this healed interarticular distal radius fracture pain". Utilization review decision date was 04-10-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Euflexxa injections, left wrist 1 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 (ODG), Knee chapter, hyaluronic acid injections and Efficacy of intraarticular hyaluronic acid injections in knee osteoarthritis Aetna Clinical Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information for Euflexxa®:http://www.euflexxa.com/assets/euflexxa_physician-f87c5c8e9b6f9317c6cfd0b7df1b48c6.pdf.

Decision rationale: Medical treatment utilization schedule (MTUS) does not address Euflexxa (1% sodium hyaluronate). FDA Prescribing Information for Euflexxa describes Euflexxa as a viscoelastic sterile solution of highly purified high molecular weight hyaluronan (also known as sodium hyaluronate). Euflexxa is indicated for the treatment of pain in osteoarthritis (OA) of the knee. Euflexxa hyaluronan is FDA approved only for osteoarthritis (OA) of the knee. Euflexxa is not indicated for wrist conditions. Primary treating physician's progress report dated 03/27/2014 documented diagnoses left wrist pain with stiffness, left de Quervain's tenosynovitis nearly resolved, interarticular distal radial fracture, left triangular fibrocartilage complex (TFCC) tear. The physician requested a series of three Euflexxa injections under ultrasound guidance at the left wrist. Euflexxa is not indicated for wrist conditions. FDA guidelines do not support the medical necessity of Euflexxa injections for wrist conditions. Therefore, the request for Euflexxa injections, left wrist 1 x3 is Not medically necessary.