

Case Number:	CM14-0066332		
Date Assigned:	07/11/2014	Date of Injury:	04/02/2008
Decision Date:	08/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/2/08. A utilization review determination dated 4/3/14 recommends non-certification of Euflexxa injections. The patient was noted to have had Synvisc injections in 2011. Minimal relief from Synvisc was noted on the 7/26/12 report. 2/26/14 medical report identifies more pain and stiffness in right knee. The patients pain is minimal. The patients pain is moderate. The patient takes Norco 2-4 a day. On exam, there is a startup limp on the right side when full weightbearing unassisted. There is minimal swelling and minimal tenderness. This patient presents a range of motion of 0-125.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections times series of 3 (one injection every week for 3 weeks): 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) TWC Knee & Leg 2014, Criteria for Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Knee Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Euflexxa injections, California Medical Treatment Utilization Schedule (MTUS) does not address the issue. Official Disability Guidelines (ODG) recommends if there is significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Within the documentation available for review, there is documentation of previous viscosupplementation injections, but only minimal improvement was noted after the injections. In light of the above issues, the currently requested Euflexxa injections are not medically necessary.