

Case Number:	CM14-0069209		
Date Assigned:	07/14/2014	Date of Injury:	03/24/2013
Decision Date:	12/24/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational 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:

This is a 33 year old male patient with an injury date of 03/24/2013 and resulting right ankle fracture/dislocation then subsequent hardware removal. The patient is status post a right ankle open reduction with internal fixation, 04/02/2013 with persistent complaint of lateral ankle pain. The removal of internal screws occurred 07/29/2013 and the patient has accomplished multiple physical therapy sessions. In addition wears an Arizona brace with positive effect. A follow up MRI dated 11/08/2013 showed some mild sinus tarsi synovitis and noted receiving an injection without relief. A request for injection to right knee under ultra sound guidance noted on 04/22/2014 with the Utilization Review denying the request on 04/29/2014 as being medically unnecessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection one per week for three weeks under ultrasound guidance to the Right 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 and Leg (updated 03/31/2014) 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 & Leg (Acute & Chronic), Hyaluronic acid injections

Decision rationale: The Official Disability Guidelines contain numerous criteria which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does not contain the necessary documentation to enable recommendation of hyaluronic acid injections to the knee. Euflexxa injection one per week for three weeks under ultrasound guidance to the Right Knee is not medically necessary.