

Case Number:	CM14-0205827		
Date Assigned:	12/17/2014	Date of Injury:	06/11/2004
Decision Date:	02/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/09/2014

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 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 individual is a 68 y/o female who has persistent left knee discomfort subsequent to a fall on 6/11/04. On 9/8/14 she underwent knee arthroscopy and was diagnosed with lateral grade IV chondromalacia. The arthroscopy included a partial lateral meniscectomy and chondroplasty. Ultrasound guided Hyalgan injections are recommended due to continued postoperative pain. She is treated with physical therapy, taping and shoe wedging. She only utilizes Advil as an oral analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

One series of Eulfexxa injections under ultrasound guidance once a week for three weeks to the 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 (ODG), Eulfexxa (hyaluronate), Knee & 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: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and discuss the weakness of evidenced based support for these injections and the Guidelines detail the limited indications. Guideline use is limited to significant osteoarthritis that is not responsive to conservative care. It is not recommended of chondromalacia nor is there any recommendation for postoperative use. The requested Eulfexxa injections 1 per week for 3 weeks does not meet Guideline criteria, the injections are not medically necessary.