

Case Number:	CM15-0161525		
Date Assigned:	08/27/2015	Date of Injury:	01/23/1998
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 70 year old female with an industrial injury dated 01-23-1998. The injury occurred when she slipped and fell injuring her low back and left knee. Her diagnoses included pain in joint involving lower leg and degenerative joint disease, arthritis-osteoarthritis knee. Prior treatment included injections into her knee, knee surgery, physical therapy, medications and diagnostics. She presents on 07-16-2015 with chronic back pain and knee pain. The knee had a varus deformity. Range of motion was from 0-120 degrees. There was tenderness and crepitus over the medial joint line. The note indicates that knee x-rays showed tricompartmental arthritis that is moderate. The provider documented "Euflexxa will be an excellent conservative treatment option at this time." The treatment request is for left knee Euflexxa Injection once a week for 3 weeks, quantity is 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Euflexxa Injection once a week for 3 weeks, QTY: 3: 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 & Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Left Knee Euflexxa Injection, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there is no documentation of failure of conservative treatment including steroid injections. Additionally, there is no documentation of severe osteoarthritis in accordance with ACR criteria as recommended by guidelines. As such, the currently requested Left Knee Euflexxa Injection is not medically necessary.