

Case Number:	CM15-0043272		
Date Assigned:	03/13/2015	Date of Injury:	07/02/2007
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/06/2015

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: Massachusetts

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 35 year old female, who sustained an industrial injury on 7/2/2007. The mechanism of injury was not provided for review. The injured worker was diagnosed as having a lower leg osteoarthritis. Treatment to date has included steroid injections and medication management. Currently, a progress note from the treating provider dated 12/16/2014 indicates the injured worker reported right knee and ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection x 3 for right knee (1x a 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 - Ankle and Foot.

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 claimant is status post work-related injury occurring in 2007 and continues to be treated with diagnoses of knee and ankle osteoarthritis. A series of prior Euflexxa injections were done in August / September 2014. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the request for repeat injections was submitted less than six months after completion of the previous series of injections and therefore not medically necessary.

Euflexxa injection x 3 for right Ankle (1x a 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 - Ankle and Foot (updated 12/22/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Hyaluronic acid injections.

Decision rationale: The claimant is status post work-related injury occurring in 2007 and continues to be treated with diagnoses of knee and ankle osteoarthritis. A series of prior Euflexxa injections were done in August / September 2014. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the request for repeat injections was submitted less than six months after completion of the previous series of injections and therefore not medically necessary.