

Case Number:	CM14-0117428		
Date Assigned:	09/16/2014	Date of Injury:	05/06/2013
Decision Date:	11/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/25/2014

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 Internal 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:

The injured worker is a 62 year old female injured on 05/06/13 due to undisclosed mechanism of injury. Clinical note dated 06/17/14 indicated the injured worker four months status post arthroscopy, partial medial meniscectomy and chondroplasty of the medial femoral condyle of the left knee. Diagnoses included torn medial meniscus and chondromalacia of the left knee, bilateral osteoarthritis of the knee, and impingement syndrome of the right shoulder. The injured worker presented complaining of pain and swelling of knee in addition to neck, shoulder, and back pain. Physical examination revealed swelling of the left knee, tenderness in the medial joint of the left knee, antalgic gait with cane, tenderness in the medial joint line of the right knee, and pain with range of motion of the right knee. Recommendations include Euflexxa injection to bilateral knees and prescriptions for Mobic and tramadol. The initial request was non-certified on 06/30/14 due to non-specification of medication kit contents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injection Medication kit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines (ODG), Hyaluronic acids

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: As noted Official Disability Guidelines - Online version, Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), and to potentially delay total knee replacement. The documentation indicated the injured worker was 4 months post-operative with continued pain and inflammation. Diagnoses include osteoarthritis of bilateral knees. Search of resources indicated contents of a Euflexxa medication kit included 3 prefilled syringes of Euflexxa 2ml. The intent to provide a series of 3 injections is appropriate and can be fulfilled with the use of Euflexxa Injection Medication kit. As such, the request for Euflexxa Injection Medication kit is recommended as medically necessary.