

Case Number:	CM15-0001367		
Date Assigned:	01/12/2015	Date of Injury:	07/02/2007
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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

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 female patient, who sustained an industrial injury on 07/02/2007. An office visit dated 08/19/2014 described the injured worker having undergone two injections, one to the right ankle and the other to her right knee. She is diagnosed with osteoarthritis localized primarily to right lower leg, ankle and foot. Another visit dated 12/05/2014 reported objective findings positive for anteriolateral ankle and medial knee swelling with tenderness to palpation and limited ROM in all planes/ankle. She is prescribed Norco 7.5/325 MG, Soma and Euflexxa injections. On 12/23/2014 Utilization Review non-certified Euflexxa injections to right ankle once weekly for three weeks, noting the ODG Guidelines was cited. On 01/05/2015 the injured worker submitted an application for review of the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injection times 3, right ankle, (1 times 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 ODG Ankle & Foot, Hyaluronic acid injections

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

Decision rationale: The injured worker is being treated for severe osteoarthritis of the knee and ankle. Limited records indicate that treatment includes orthotics, Norco and a series of 3 hyaluronic acid injections. Records do not support a diagnosis contraindicated for NSAIDs or surgery. ODG guidelines indicate hyaluronic acid for the ankle is not recommended. In certain cases a series of 3 injections over the course of 3 weeks may be indicated for symptomatic osteoarthritis not responding to standard nonpharmacologic and pharmacologic treatments or intolerant to NSAID therapy and are not candidates for total ankle replacement or has failed arthroscopic debridement. In the case of this injured worker, none the aforementioned conditions are documented and therefore Euflexxa injections 3 is not medically necessary.