

Case Number:	CM15-0002358		
Date Assigned:	01/13/2015	Date of Injury:	08/23/1994
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 62 year old female who sustained an industrial injury on August 23, 1994. She has reported pain to the knee and has been diagnosed with knee osteoarthritis. The 2013 MRI of the right knee showed tricompartmental osteoarthritis, chondromalacia, lateral meniscal tear and joint effusion. Treatment to date has included medical imaging, ice, nonsteroidal anti-inflammatories (NSAIDS) with Mobic, and Euflexxa injections. The records noted beneficial effects from previous Euflexia injections with no specification of duration percentage of pain relief. Currently the injured worker complains of pain with prolonged standing, stairs, and kneeling. The examination of the right knee showed tenderness on palpation of the peripatella area with a normal range of passive motion. The McMurray's and Lachman's tests were noted to be negative. The The treatment plan included ice and NSAIDS. On December 17, 2014 non certified 6 Euflexxa injections for the bilateral knees noting the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Euflexxa injections for the bilateral knees: 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 Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Pain Chapter. Knee

Decision rationale: The CA MTUS did not address the use of Euflexxa injections. The ODG guidelines recommend that knee injections can be utilized for the treatment of severe knee pain when conservative treatments with NSAIDs and PT have failed. The guidelines recommend that a series of 3 Euflexxa injections can be repeated for the treatment of severe osteoarthritis knee pain if the prior injections did provide significant pain relief with improvement in function for at least 6 months. The record indicate that the patient had radiological findings of severe right knee arthritis but there was minimal clinical findings and no function limitation. The duration of effect from the previous Euflexxa injections was not provided. The criteria for Euflexxa injections x6 to bilateral knees was not met.