MAXIMUS Federal Services

Case Number:	CM15-0097488		
Date Assigned:	05/28/2015	Date of Injury:	03/10/1999
Decision Date:	06/26/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/20/2015

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:

This 66 year old man sustained an industrial injury on 3/10/1999. The mechanism of injury is not detailed. Diagnoses include osteoarthritis of the knee. Treatment has included oral medications, injections, and surgical intervention. Physician notes dated 2/6/2015 show complaints of left knee pain. The second Eflexxa injection was administered to the worker's left knee during this visit under ultrasound guidance. Recommendations include follow up in one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Euflexxa injection for the left knee 1 time weekly 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 (ODG) Treatment in Workers Compensation (TWC), Knee and Leg Procedure Summary Online Version updated 02/27/2015, Criteria for Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or are intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not identified here. It has only been a few months post 3rd injection from previous series on 2/20/15 and the patient has had a recurrence of symptoms without functional benefit. Submitted reports have not demonstrated clear supportive findings for the injection request. The Left Euflexxa injection for the left knee 1 time weekly for 3 weeks is not medically necessary and appropriate.