

Case Number:	CM14-0143922		
Date Assigned:	09/12/2014	Date of Injury:	05/01/2012
Decision Date:	10/21/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Medicine and is licensed to practice in California, Florida, and Maine. 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 whose date of injury is 05/01/2012. The injured worker was pushing a stool with the right foot on the floor when the rear wheel dislodged and the injured worker's body jolted backward and tilted to the side. Treatment to date includes knee support, medication management, right knee arthroscopy with partial medial meniscectomy, resection of the ACL cyst from lateral compartment on 04/25/14 and postoperative physical therapy. Progress note dated 07/28/14 indicates that there is clicking with extension. On physical examination range of motion is 0-135 degrees. The injured worker was recommended for viscosupplementation to provide joint lubrication and cushioning to decrease postoperative pain. Prior utilization review denied a request for Euflexxa injections, series of 3, for the right knee (J7323, 20610) on 08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EUFLEXXA INJECTIONS, SERIES OF 3, FOR THE RIGHT KNEE (J7323, 20610):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Chapter - Hyaluronic acid injections

Decision rationale: The injured worker was recommended for viscosupplementation to provide joint lubrication and cushioning to decrease postoperative pain. The Official Disability Guidelines support hyaluronic acid injections only for significantly symptomatic osteoarthritis that has not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. The submitted records fail to establish the presence of significantly symptomatic osteoarthritis. There is no indication that the injured worker has undergone aspiration and injection of intra-articular steroids. Based on the clinical information provided, the request for Euflexxa injections, series of 3, for the right knee (J7323, 20610) is not recommended as medically necessary.