

Case Number:	CM14-0196482		
Date Assigned:	12/04/2014	Date of Injury:	09/05/2003
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 48 year old male with date of injury 9/5/03. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral knee pain since the date of injury. He has been treated with a right total knee joint replacement, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the left knee, tenderness to palpation of the medial and lateral joint lines left knee, positive patellar grind test on left. Diagnoses: primary localized osteoarthritis, knee pain/strain. Treatment plan and request: 3 Euflexxa injections of left knee under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Euflexxa Injections for The Left Knee Under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 339.

Decision rationale: This 48 year old male has complained of bilateral knee pain since date of injury 9/5/03. He has been treated with a right total knee joint replacement, physical therapy and

medications. The current request is for 3 Euflexxa injections of the left knee under ultrasound guidance. Per the MTUS guideline cited above, hyaluronate injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, viscosupplementation to the left knee (Euflexxa) is not indicated as medically necessary in this patient.