

Case Number:	CM14-0160650		
Date Assigned:	10/06/2014	Date of Injury:	12/31/2003
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a patient with a date of injury of 12/31/03. A utilization review determination dated 9/25/14, recommends non-certification of Euflexxa injections. On 9/10/14 medical report identifies left knee pain. The patient underwent Euflexxa injections in December of 2012. "She usually gets four or five months with relief of her symptoms with the viscosupplementation." The patient has joint space narrowing. On exam, there is mild medial joint line pain as well as tenderness over the medial patellar femoral articulation. Recommendation was for viscosupplementation every six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of Euflexxa injections under ultrasound guidance to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic)

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

Decision rationale: Regarding the request for Euflexxa, California MTUS does not address the issue. Official Disability Guidelines (ODG) supports a repeat series of injections if the patient receives significant improvement in symptoms for 6 months or more. Within the documentation available for review, there is no indication that the patient receives at least 6 months of symptom improvement after prior series of injections. In the absence of such documentation, the currently requested Euflexxa is not medically necessary.