

<b>Case Number:</b>	CM15-0062250		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	01/13/2015
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 male, who sustained an industrial injury on 1/13/15. He reported a right knee injury. The injured worker was diagnosed as having right knee contusion and right knee osteoarthritis aggravated by work activities. Treatment to date has included ibuprofen, intraarticular cortisone injections and home exercise program. Currently, the injured worker complains of stiffness and pain of right knee, pain is rated 2/10. The injured worker states the cortisone injection reduced; however did not completely eliminate his right knee symptoms. On physical exam noted joint pain over the posterior medial compartment with flexion and tenderness over the medial femoral condyle and medial joint line with an antalgic gait. There was negative Mc Murray test. The IW was noted to be utilizing ibuprofen periodically. The treatment plan included continuation of home exercise program, ibuprofen and a request for authorization for viscosupplementation injection series.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Visco Euflexxa Injection x 3 to Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Pain Chapter Knee.

**Decision rationale:** The CA MTUS-ACOEM and the ODG guidelines recommend that interventional injection procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The guidelines recommend that viscosupplementation injections can be utilized for the treatment of severe knee arthritis to delay or avoid invasive knee surgery. The records did not show that the patient failed conservative treatment. It was documented that that ibuprofen was being utilized periodically. The pain score, subjective and objective findings was not consistent with a diagnosis of severe knee arthritis. The criteria for Visco Euflexxa injections X3 to right knee was not met. Therefore the request is not medically necessary.