

Case Number:	CM13-0013998		
Date Assigned:	10/01/2013	Date of Injury:	08/31/2009
Decision Date:	01/21/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

Clinical records specific to the claimant's right knee indicate a recent 10/12/13 assessment where the claimant is noted to be with continued low back and bilateral knee complaints. The right knee at that date showed a diagnosis of chondromalacia and patellofemoral degenerative changes. Reviewed was an MRI from 07/24/13 that showed truncation along the inner edge of the body of the medial meniscus with quadriceps tendinopathy, articular cartilage to the medial compartment, lateral cartilage was noted to be intact. The patellofemoral joint demonstrated a signal change to the medial and lateral patellofemoral facts, which was noted to not represent true pathology of the articular cartilage. Prior treatment to the claimant's right knee was noted to have included work restrictions, medication management, activity modifications, as well as low back treatment that have included epidural injection, use of a cane, medication agents, and therapy. Euflexxa injections to the claimant's right knee are being recommended at present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Euflexxa Injections for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines, Euflexxa injections of the right knee would not be indicated. Based on Official Disability Guidelines criteria, Euflexxa injections are indicated for "documented symptomatic severe osteoarthritis of the knee and evidence of at least five of the following: bony enlargement, bony tenderness, crepitation, elevated SED rate, less than 30 minutes of morning stiffness, age over 50-years of age, and positive synovial fluid signs". The claimant's clinical imaging in this case, a recent July 2013 MRI scan fails to demonstrate articular cartilage finding to the medial or lateral compartment or specifically to the patella. The absence of an underlying diagnosis of arthrosis based on imaging would fail to necessitate the role of viscosupplementation injections at this time.