

Case Number:	CM13-0058552		
Date Assigned:	12/30/2013	Date of Injury:	04/16/2005
Decision Date:	05/08/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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:

The prior treatment history has included 12 sessions of physical therapy, home exercise program for the left knee. The patient underwent bilateral knee arthroscopic surgeries on 04/16/2013 and he received postoperative physical therapy and rehabilitation. He underwent 1st viscosupplemental injection to the left knee on 10/14/2011, the 2nd injections on 10/21/2011, and the 3rd injection on 11/04/2011. The patient underwent a right knee arthroscopy with partial medial meniscectomy, chondroplasty of the lateral tibial condyle, and lateral retinacular release on 01/25/2012. On April 16, 2013, he underwent a left knee arthroscopy with partial medial meniscectomy, chondroplasty of the inferior pole of the patella and a right knee arthroscopy with partial medial meniscectomy. Diagnostic studies reviewed include ultrasound evaluation of both knees on 10/23/2013 revealed recurrent medial meniscus tear in the left knee. There was some mild narrowing of the medial compartment. The right knee was examined for comparison and revealed a partial incomplete tear of the remaining medial meniscus. There were inflammatory changes in both medial compartments along the joint line and there was evidence of capsulitis and thickening of the right medial collateral ligament. An MRI of the right knee dated 09/06/2011 revealed an increased signal within the posterior horn of the medial meniscus most consistent with a re-tear rather than post surgical changes; and small joint effusion. An MRI of the right knee dated 08/28/2012 showed significant marrow edema in the medial tibial condyle, horizontal cleavage tearing of the middle third of the medial meniscal residual stump, residual maceration and shredding of the posterior part of the medial meniscus; no lateral meniscus tear and no significant patellofemoral alignment. An orthopedic AME Report dated 12/12/2013 stated the patient is again at maximum medical improvement regarding the bilateral knees. A visit note dated 11/06/2013 stated the patient was 7 months postoperative and he continued with use of his new bilateral unloader braces. He felt like he had improved and was having less pain with the use

of his bilateral unloader braces. If he isn't wearing the brace, he still has some significant pain in both knees. He is unable to fully squat down when he is wearing the braces. He had more pain consistently on the left than he does on the right and physical therapy helped significantly and has weaned the patient to a home exercise program. The physical findings revealed there was no erythema or ecchymoses of the left knee. Active range of motion extension was 0 degrees and active range of motion flexion was 125 degrees. He had a trace effusion. Incision sites are well healed. Sensation is intact. Right knee revealed no erythema or ecchymoses. He had a trace effusion. His medications include Lidoderm, Norco, Horn.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Euraflexxa injections to the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, HYALURONIC ACID INJECTIONS

Decision rationale: The patient underwent arthroscopic procedures to the right and left knee on 4/16/2013. Diagnostic ultrasound evaluation of both knees on 10/23/2013 revealed recurrent medial meniscus tear in the left knee. There was some mild narrowing of the medial compartment. The right knee was examined for comparison and revealed a partial incomplete tear of the remaining medial meniscus. There were inflammatory changes in both medial compartments along the joint line. There was evidence of capsulitis and thickening of the right medial collateral ligament. The medical records reflect that the patient has improved post-operatively. The medical records do not establish the patient has significantly symptomatic or severe osteoarthritis. The medical records do not establish the patient has not been adequately responsive to non-invasive measures. Consequently, the patient is not a candidate for viscosupplementation injections. The medical necessity of Euflexxa injections has not been established.

3 cortisone injections to the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338.

Decision rationale: The patient underwent arthroscopic procedures to the right and left knee on 4/16/2013. Diagnostic ultrasound evaluation of both knees on 10/23/2013 revealed recurrent medial meniscus tear in the left knee. There was some mild narrowing of the medial compartment. The right knee was examined for comparison and revealed a partial incomplete

tear of the remaining medial meniscus. There were inflammatory changes in both medial compartments along the joint line. There was evidence of capsulitis and thickening of the right medial collateral ligament. The medical records reflect that the patient has improved post-operatively. The medical records do not demonstrate symptomatic severe osteoarthritis of the knees. The medical records do not establish the patient has failed to respond to non-invasive conservative measures. The series of 3 injections protocol is not recommended by the guidelines. The patient is not a candidate for cortisone injections. The medical necessity of this request has not been established.