

<b>Case Number:</b>	CM14-0007213		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/06/2011
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 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 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 record notes a 26-year-old female with a date of injury of March 16, 2011. The mechanism of injury is reported to be the result of repetitive trauma. The claimant has undergone left knee arthroscopy. The claimant is seen on a fairly regular basis (approximately monthly in the postoperative period) as evidenced by the medical record. The note included in the medical record indicates that on August 13, 2013, the claimant was 5 days out from a left knee arthroscopy, chondroplasty, and lateral release of the left knee. Physical therapy was provided in the claimant was placed in a knee immobilizer in the postoperative period. The most recent progress note available for my review is dated October 31, 2013 and indicates that the claimant presents with a complaint of constant postoperative pain rated 8/10. Range of motion of the knee was noted to be significantly reduced with tenderness along the lateral aspect of the knee. The treatment recommendation included home exercises, and reevaluation in 30 days. A duty status form dated December 3 that the claimant on total temporary disability from December 3 to January 14, 2014. A request for authorization dated December 11, 2013 includes a request for Euflexxa injections times 3. To the left knee, and a follow-up office visit on January 9, 2014. A PR 2, or progress note accompanying that request, for that date is not provided. The most recent progress note from October 2013 notes only the restricted range of motion and tenderness in the lateral aspect of the knee. With the only treatment recommendation to be a course of home stretches daily, and follow-up in 30 days. A summary of the December progress note is referenced in the medical record, though this is not directly provided, noting a complaint of knee pain with sitting, and that the physical examination at the time revealed left quadriceps atrophy was noted. Good range of motion was reported, with crepitus. A positive patellar compression test was noted with mild weakness of the left quadriceps. A large Q angle with identified. The record indicates the claimant has undergone one injection of Supartz, and that a plan was to

undergo Euflexxa injections. Patella taping was recommended. According to the medical record, the Euflexxa injections and the follow-up visit for the Euflexxa injections were not recommended for certification. Due to the absence of documentation of a diagnosis of osteoarthritis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FOLLOW UP VISIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic) Office Visits

**Decision rationale:** The guidelines support appropriate follow-up, recommending that this be individualized based upon a review of the patient concerns, signs and symptoms, and clinical stability, as well as reasonable physician judgment. The determination is also based on the medications the claimant is taking. The record indicates that the claimant is status post knee arthroscopy with persistent pain, but continues to be rated 8/10 on the VAS despite surgical treatment, physical therapy, postoperative care, and treatment with a TENS unit. The claimant has been followed approximately monthly, and at the time of this request was 4 months out from the prior surgical procedure. Based on the information available, which indicates that the claimant had knee pain even with sitting, at the time of the request for the Euflexxa injections, and that relatively close follow-up was anticipated by the provider, it would stand to reason that a follow-up evaluation would be medically necessary to determine the next step in the plan of care. However, when noting the absence of the most recent clinical progress note at which time Euflexxa injections were requested, and the fact that the CPT code submitted for the follow-up examination is documented to necessitate a billing level of 99214, the medical necessity of this request cannot be established at this time. With this, this is not medically necessary.