

Case Number:	CM14-0089084		
Date Assigned:	07/23/2014	Date of Injury:	10/18/2012
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

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 Orthopaedic 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:

This 74-year-old male sustained an industrial injury on 10/18/12. The injury occurred when he lost his footing on wet concrete and fell on the right side. The 8/8/13 right knee MRI documented grade 1 medial collateral ligament strain, myxoid degeneration in the medial and lateral menisci with extrusion of the anterior horn of the medial meniscus. There was a ganglion cyst adjacent to the posterior cruciate ligament. There was small knee joint effusion with fluid extending into the suprapatellar bursa. The 3/24/14 treating physician report cited grade 5/10 right knee pain. Physical exam documented range of motion 0-110 degrees with end-range pain. The treatment plan requested arthroscopic surgery with AmnioFix injection to the right knee. AmnioFix was recommended to reduce inflammation, dramatically enhance healing time, and reduce scar tissue formation. The 6/2/14 utilization review indicated that the patient was already approved for a right knee arthroscopy. The additional request for AmnioFix was denied due to the absence of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amnio Fix Injection to Right Knee Arthroscopic Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/23945520>.

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, Amniotic membrane allograft (AmnioFix).

Decision rationale: The California MTUS is silent regarding amniotic membrane allograft. The Official Disability Guidelines state that AmnioFix is not recommended for use in knee surgery. There are no published studies in peer reviewed journals. According to the marketer, amniotic membrane has been utilized as a facilitator of wound healing in various fields, including lower extremity ulcers, to treat burns, gynecologic surgery, and a variety of other applications. Guideline criteria have been met. The safety and efficacy of AmnioFix for the current application has not been established. Therefore, this request is not medically necessary.