

Case Number:	CM15-0085226		
Date Assigned:	05/07/2015	Date of Injury:	03/30/2009
Decision Date:	06/10/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/04/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 66 year old, male who sustained a work related injury on 3/30/09. The diagnoses have included osteoarthritis right knee and status post right knee surgery. The treatments have included oral medications and home exercises. In the PR-2 dated 4/2/15, the injured worker complains of increasing right knee pain. He rates his pain level at 8/10. He reports episodes of grinding, locking and popping in right knee. He states he has occasional buckling of knee. He is able to work regular duties at job. He reports that he has functional improvement with current medications of Motrin and Robaxin. He reports the pain level is 3-5/10 with medications and an 8-9/10 without medications. He has tenderness over medial joint line and over popliteal fossa of right knee. He has patellofemoral crepitus with right knee range of motion. He has a positive McMurray's test with right knee. The treatment plan includes a request for viscosupplementation injections with Euflexxa to right knee and refill prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections series of 3 for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines treatment in Workers Compensation, Knee - Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: Guidelines state that hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis, but have not responded to standard treatments or are intolerant to these treatments. In this case, the patient has responded well to NSAID treatment. The request for Eufflexxa injections series of 3 for the right knee is not medically appropriate and necessary.

Robaxin 500mg #100 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In this case, the records do not justify long term use of this medication in this patient. The request for Robaxin 500 mg #100 with 2 refills is not medically appropriate and necessary.