

Case Number:	CM14-0163414		
Date Assigned:	10/08/2014	Date of Injury:	11/08/2004
Decision Date:	11/04/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46 years old male with an injury date on 12/26/2013. Based on the 08/19/2014 progress report provided by [REDACTED], the diagnoses are: 1. Osteoarthritis, knee right 2. Osteoarthritis, knee 3. Hypertension 4. Unspecified acquired hypothyroidism 5. Morbid obesity 6. Derangement of posterior horn of medial meniscus According to this report, the patient complains of right medial compartment pain and patellofemoral pain worse with activities. Low grade swelling is noted. Knee range of motion was 3-125 degree. Tenderness is noted around the patella and the medial joint line. Grade 2 crepitation was noted on 90:90 testing. A small knee effusion was present. The 06/19/2014 report indicates the quadracep muscle tone is down 10-15%. There were no other significant findings noted on this report. MRI of the right knee on 01/15/2014 reveals a disruption of the anterior cruciate ligament graft, marked degenerative changes of the medial and patellofemoral compartments, and tears of the anterior and posterior horns of the lateral meniscus. The utilization review denied the request on 09/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/26/2013 to 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15 mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: According to the 08/19/2014 report by [REDACTED] this patient presents with right medial compartment pain and patellofemoral pain worse with activities. The treater is requesting Euglexxa injections to the right knee. MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend hyaluronic acid injections for "severe arthritis" of the knee that have not responded to other treatments. This patient does not presents with "severe arthritis" of the knee. Furthermore, ODG states it is "not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain)." In this case, the patient presents with "patellofemoral pain worse with activities." MRI shows marked degenerative changes of the patellofemoral compartments for which these injections may bet indicated. Reviews of the reports do not show prior viscosupplementation injection. The request is medically necessary.