

Case Number:	CM14-0165931		
Date Assigned:	10/13/2014	Date of Injury:	05/23/2012
Decision Date:	11/12/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation 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:

According to the records made available for review, this is a 47-year-old male with a 5/23/12 date of injury, and right knee arthroscopic partial medial meniscectomy on 2/28/13. At the time (8/27/14) of request for authorization for Euflexxa injection series of 03 and Lumbar discogram, there is documentation of subjective (right shoulder, low back, and right knee pain) and objective (tenderness to palpitation over the right medial femoral condyle and absent deep tendon reflexes in the right knee) findings. The current diagnoses includes right knee medial meniscal tear with chondromalacia patella. The treatment to date includes Euflexxa injection and medications. Medical reports identify a reduction in right knee pain for six months due to previous Euflexxa injection. Regarding Euflexxa injection, there is no documentation of moderate arthritis pain of the knee, and benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Euflexxa injection use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injection series of 03: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The MTUS reference to Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain of the knee, as criteria necessary to support the medical necessity of Glucosamine (and Chondroitin Sulfate). The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of right knee medial meniscal tear with chondromalacia patella. However, there is no documentation of moderate arthritis pain of the knee. In addition, given documentation of previous Euflexxa injection use and despite documentation of reduction in right knee pain for six months due to previous Euflexxa injection, there is no (clear) documentation of benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Euflexxa injection use to date. Therefore, based on guidelines and a review of the evidence, the request for Euflexxa injection series of 03 is not medically necessary.

Lumbar discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS reference to ACOEM Guidelines identifies that Diskography is frequently used prior to cervical fusions and certain disk related procedures, but clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of cervical symptoms. Therefore, based on guidelines and a review of the evidence, the request for Lumbar discogram is not medically necessary.