

<b>Case Number:</b>	CM13-0020116		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/03/2007
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in North Carolina. 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 physician 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 claimant is a 53-year-old female who was injured on August 3, 2007. The clinical records provided for review in this case include an August 15, 2013 followup report with treating physician [REDACTED] for complaints of bilateral knee pain and left ankle pain. It states she had recently undergone a left knee arthroscopy with synovectomy, chondroplasty to the medial femoral condyle on June 10, 2013 with continued medial joint pain. It also states that she is with a prior MRI of the right knee from May 24, 2013 that demonstrates medial compartment arthrosis as well as arthrosis to the lateral facet and patella. In regard to her ankle, she describes medial and lateral pain despite use of crutches and a previous corticosteroid injection. Physical examination findings showed 0 to 130 degrees range of motion at the knees bilaterally with tenderness medially, positive crepitation, positive bilateral McMurray's test and no noticeable effusions. The ankle was noted to be with normal range of motion, tenderness to palpation over the anterior talofibular ligament, a negative anterior drawer, and tenderness to palpation over the peroneus brevis. Request at that time were for a series of viscosupplementation injections bilaterally to the knees as well as an MRI scan of the left ankle for further treatment. The records do not indicate conservative care to the knees inclusive of injection therapy since the time of the arthroscopic procedure. Prior imaging to the ankle is not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**series of 3 Euflexxa injections in both knees with ultrasonic guidance: 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, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Knee Procedures

**Decision rationale:** Based on the Official Disability Guideline criteria, as California ACOEM and MTUS Guidelines are silent, the request for viscosupplementation injection series bilaterally would not be supported. The medical records provided for review do not document pharmacological and nonpharmacological care including prior corticosteroid injections since the time of the claimant's operative procedure. The Official Disability Guidelines recommend this treatment only for "patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months." Guidelines also indicate that the injections are not generally performed with fluoroscopic or ultrasound guidance. Therefore based on the available information the request for a series of 3 Euflexxa injections in both knees with ultrasound guidance is not medically necessary and appropriate

**MRI Evaluation of the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Ankle Procedures

**Decision rationale:** ACOEM Guidelines state, "Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery." When looking at the Official Disability Guidelines, indications for MRI include "Chronic ankle pain, suspected tendinopathy, plain films normal." In this case the claimant's physical examination demonstrates tenderness over the peroneal tendons as well as the anterior talofibular ligament. There is no indication of prior imaging available for review. Though this claimant has continued complaints and subjective findings that demonstrate an inability to weight bear due to her ankle pain, an MRI in the absence of documentation that plain films have been undertaken would not be indicated. The request for an MRI evaluation of the left ankle is not medically necessary and appropriate.