

<b>Case Number:</b>	CM13-0065148		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/03/2001
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 6/3/01. A utilization review determination dated 11/26/13 recommends non-certification of Euflexxa injections, batteries and pads for Zynex knee unit, x-ray of the bilateral knees AP/LAT, and return to care in 6-8 weeks. 10/17/13 medical report identifies that grade IV chondromalacia in the medial compartment was noted. The patient has extremely limited mobility to less than half a block as well as severe GERD. On exam, there is moderate to severe varus deformity and severe medial joint line tenderness as well as a strongly positive patellar grinding test. ROM is extremely limited to -10 to 95 degrees. There is significant atrophy of the right thigh and right calf. There is a positive McMurray sign and mild mediolateral instability. Right quadriceps strength is 4+.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of three (3) Euflexxa injections (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 (ODG) Knee Chapter, Hyaluronic acid injections; and American Association of Orthopedic Surgeons

**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, Hyaluronic acid injections

**Decision rationale:** Regarding the request for Series of 3 Euflexxa injections (right knee), California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Within the documentation available for review, there is documentation of exam and arthroscopic findings of significant osteoarthritis of the knee. However, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested Series of 3 Euflexxa injections (right knee) is not medically necessary.

**Batteries and pads for Zynex knee unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for batteries and pads for Zynex knee unit, California MTUS does support some specific types of electrical stimulation for the treatment of chronic pain and/or knee osteoarthritis. Within the documentation available for review, there is no documentation of the specific type of electrical stimulation unit requested, as Zynex is noted to make many different types of units. Additionally, there is no documentation of significant improvement with prior use of the unit as evidenced by decreased pain scores, functional improvement, and decreased medication usage. In light of the above issues, the currently requested batteries and pads for Zynex knee unit is not medically necessary.

**X-ray of the bilateral knees AP/LAT:**

**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 ACOEM Chapter 13 Knee Complaints Page(s): 347.

**Decision rationale:** Regarding the request for X-ray of the bilateral knees AP/LAT, California MTUS recommends plain-film radiographs for suspected red flags, but they do not recommend routine radiographs for most knee complaints or injuries. Within the documentation available for review, there is documentation of an established diagnosis of osteoarthritis based on findings from prior arthroscopic surgery. There is no clear indication for x-rays of the knee such as recent trauma or red flags. The need for physiatry to evaluate progression of osteoarthritis with AP and lateral x-rays is not clearly established and another indication for the study has not been

presented. In light of the above issues, the currently requested X-ray of the bilateral knees AP/LAT is not medically necessary.

**Return to care in 6 to 8 weeks:** Overturned

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Office visits

**Decision rationale:** Regarding the request for return to care in 6 to 8 weeks, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. ODG also notes that the determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. Within the documentation available for review, there is documentation that the patient is utilizing multiple medications prescribed by the requesting provider. Return visits are appropriate for monitoring of the patient's response to treatment and to allow for appropriate modification to the treatment plan. In light of the above, the currently requested return to care in 6 to 8 weeks is medically necessary.