

<b>Case Number:</b>	CM15-0207139		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/21/2005
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old female, who sustained an industrial injury on 01-21-2005. The injured worker is currently disabled. Medical records indicated that the injured worker is undergoing treatment for bilateral patella chondromalacia, bilateral knee arthritis, status post right rotator cuff repair, long head of the biceps tendinitis to right shoulder, left Achilles tendinosis, and bilateral knee pain. Treatment and diagnostics to date has included left knee arthroscopies (July 2005 and June 2008) and medications. Recent medications have included Humulin, Atacand, Trazodone, Clonazepam, Diazepam, Lisinopril, Lovastatin, Methadone, Venlafaxine, Furosemide, and Norco. Subjective data (08-06-2015 and 09-30-2015), included ongoing right shoulder, bilateral knee, and left Achilles pain. Objective findings (09-30-2015) included an antalgic gait, bilateral knee tenderness, and crepitus to left knee. The treating physician noted that x-rays of left knee and shoulder today "show no changes as compared to previous films". The request for authorization dated 10-08-2015 requested Pennsaid 2% and two series of Euflexxa injections under ultrasound guidance once a week for three weeks to bilateral knee. The Utilization Review with a decision date of 10-12-2015 modified the request for 2 series of Euflexxa injections under ultrasound guidance for the bilateral knees to 1 series of Euflexxa injections for the bilateral knees and non-certified the request for 1 x-ray of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Series of Euflexxa Injections under ultrasound guidance for bilateral knees: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) 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-Hyaluronic acid injections.

**Decision rationale:** 2 Series of Euflexxa Injections under ultrasound guidance for bilateral knees is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that there must be documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; over 50 years of age. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. The documentation does not reveal objective evidence of symptomatic severe osteoarthritis of the knee therefore this request is not medically necessary.

**1 X-ray of left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg-Radiography (x-rays).

**Decision rationale:** 1 X-ray of left knee is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The ODG recommends X-rays of the knees for acute trauma; patellofemoral symptoms or as an initial exam for non-localized, non-trauma, non-tumor knee pain. The documentation indicates that the patient has had prior x-rays of the knee. There is no evidence of new trauma/injury or red flags. It is unclear how the imaging will change her medical management therefore this request is not medically necessary.