MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/22/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/2/2013
Date of Injury:	2/20/2008
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003827

1) MAXIMUS Federal Services, Inc. has determined the request for one (1) ultrasound guided set of three (3) Hyalgen Injections to the left knee **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for one (1) ultrasound guided set of three (3) Hyalgen Injections to the left knee **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
53 YO, Female [redacted] since 1987. In 2005 she developed burning pain in the left foot and heel. She had left foot plantar fascia release on 12/20/07. Sometime in 2008 started developing low back pain, she feels was due to limping. She underwent another plantar fascia release on 2/17/10. Then sometime in 2010 she developed left knee pain from uneven walking due to limp and CAM walker. She had a third surgery on 1/5/11, for fasciectomy, medial fascia left heel. She was MMI on 7/2/11.

According to the 5/17/13 report by [redacted]baum, MD she was seen for f/u for left knee DJD. She reports breakthrough pain and GI upset from diclofenac. Denies GI bleeding signs/symptoms. Not working. Sees podiatrist for foot/ankle. Exam showed mild synovial enlargement. Prepatellar diffuse tenderness. ROM flexion to 125-130. No laxity or instability. Gait intact. Plan: request XR, and copy of MRI. Request Hylagan in the interim.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** one (1) ultrasound guided set of three (3) Hyalgen Injections to the left knee**:**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

   The Claims Administrator based its decision on the Official Disability Guidelines (ODG), (online), Knee Chapter, Hyaluronic acid injections, a medical treatment guideline (MTG), not part of the MTUS. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the the Official Disability Guidelines (ODG), (online), Knee Chapter, Hyaluronic acid injections.

   Rationale for the Decision:

   The Official Disability guidelines state there must be documented osteoarthritis with at least 5 of the 9 criteria met. Per the reviewed medical records the employee appears to meet 5 criteria, bony enlargement, tenderness, no palpable warmth of synovium, over 50 years old, and synovial fluid signs and the records indicate symptoms affect functional activities. She has failure to respond to intraarticular steroid injection. On initial examination of the records the employee appears to be a candidate for Hyalgen injections, the guidelines further state Hyalgen injections are "generally performed without fluoroscopic or ultrasound guidance." The records do not provide a discussion on why the employee requires ultrasound guidance. Without the discussion on the necessity for ultrasound guidance, the request is not in accordance with ODG guidelines. The request for one ultrasound guided set of three (3) Hyalgen injections to the left knee **is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.