

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	1/30/2008
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004199

- 1) MAXIMUS Federal Services, Inc. has determined the request for six hyalgan injections, bilateral knees QTY: 6 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 six hyalgan injections, bilateral knees QTY: 6 **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:

The patient is a 63 Y, M who sustained injuries to both knees. The patient is s/p right knee arthroscopy for medial and lateral meniscectomy, right knee tricompartment synovectomy, chondroplasty. on 8/15/11 and left knee arthroscopy for partial medial meniscectomy in 2003. The patient is diagnosed with end-stage osteoarthritis and medial meniscal tear of both of his knees. The patient has had multiple injections, including hyaluronic acid injections. An AME report dated 12/4/12 noted that the patient had completed a series of 3 Hyalgan injections on 4/18/11, 2/6/12 and again on 7/23/12. The progress report dated 1/28/13 notes that the patient received his first of three Hyalgan injections on 11/12/12 for his bilateral knees and the second injection on that visit.

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 (received 7/29/13)
- Utilization Review Determination (dated 7/19/13)
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for six hyalrgan injections, bilateral knees QTY: 6:

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), latest version, Knee and Leg Chapter, a medical treatment guideline, which is not part of 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 ODG (current version), Hyaluronic acid knee injections.

Rationale for the Decision:

The ODG guidelines for hyaluronic acid knee injections state if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur, then it may be reasonable to do another series. The medical records submitted for review do not show that the employee has had significant improvement in symptoms for 6 months or more. The records indicate the most recent series was started less than 4 months after the last one. The request for six (6) hyalrgan injections, bilateral knees **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.