

Case Number:	CM13-0020876		
Date Assigned:	11/08/2013	Date of Injury:	02/10/2012
Decision Date:	02/05/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/06/2013

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 Sports Medicine and is licensed to practice in New York and Texas. 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 patient is a 40-year-old male who reported a work-related injury on 02/10/2012 as a result of an assault. Subsequently, the patient presents for treatment of the following diagnosis, bilateral chondromalacia of patella. The clinical note dated 07/16/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports bilateral knee pain is not constant, and the patient reports good results although incomplete with the last round of viscosupplementation therapy. The provider documents upon physical exam of the patient, there was effusion about the bilateral knees with excellent range of motion, quad control and tenderness in the peripatellar soft tissues and lateral patellar facets. The provider documents recommendation for the patient to utilize another series of injections to the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections to both knees: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

Decision rationale: The current request is not supported. The clinical notes document the patient presents with bilateral knee pain complaints due to diagnosis of chondromalacia patella. The provider is recommending the patient undergo another course of Hyalgan injections to the bilateral knees as the patient reports positive efficacy with the last series of injections performed in 03/2013. However, Official Disability Guidelines indicate repeat series of injections is supported if documented significant improvement in symptoms for 6 months or more and symptoms reoccur and may be reasonable due to another series. In addition, hyaluronic acid injections are not recommended for any other conditions such as chondromalacia patella, which is noted as the patient's presenting diagnosis. Given the patient presented with full range of motion about the bilateral knees and a decrease in rate of pain and as the patient presents with a diagnosis of chondromalacia patella, the request for Hyalgan injections to both knees is not medically necessary or appropriate.