MAXIMUS Federal Services

Case Number:	CM13-0028654		
Date Assigned:	11/27/2013	Date of Injury:	10/24/2001
Decision Date:	01/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/25/2013

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 Anesthesiology 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:

The patient is a 52-year-old male who sustained a work-related injury on 10/24/2001. The clinical information indicates that the patient has undergone numerous hyaluronic injections in the past with the most recent injections being administrated in 06/2013. The patient's diagnoses include degenerative joint disease bilaterally and exogenous obesity. The most recent progress report dated 09/03/2013 documented subjective complaints of increased pain in the bilateral knees along the inner side of the knee, as well as the retropatellar area. The patient's medications include Ibuprofen 800 mg. The objective findings revealed no significant interval change. The treatment plan included request for authorization for 5 injections of Hyalgan per knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for ten (10) bilateral knee hyalgan injections (5 each 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, 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 & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: The Official Disability Guidelines for repeat series of hyaluronic injections state that a repeat series of injections may be recommended if there is documented significant improvement in symptoms for 6 months or more and symptoms recur. The clinical information submitted for review indicates the patient has undergone numerous injections in the past, but there is no objective documented significant improvement in symptoms for 6 or more months. The most recent injections were administrated in 06/2013, but the patient reported increased bilateral knee pain 3 months post injection. Additionally, in the past, the patient has reported improved pain, but not to the extent he had with previous injections. As such, the request for bilateral knee Hyalgan x10 injections (5 each knee) is non-certified.