

Case Number:	CM13-0059604		
Date Assigned:	12/30/2013	Date of Injury:	10/03/2011
Decision Date:	03/18/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery, and is licensed to practice in Texas, Nebraska, Michigan, and Indiana. 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 50-year-old male who reported injury on 10/03/2011. The mechanism of injury was noted to be a repetitive injury. The patient was noted to have prior hyaluronic injections that were beneficial. The patient was noted to have chondromalacia with an osteochondral defect. The patient developed increasing pain with the knee. The patient was noted to have tried activity modification, anti-inflammatories, and therapy with no relief. Per x-ray, the patient had 3 mm of joint space involving the lateral compartment with osteoarthritis. The request was made for 5 hyaluronic injections spaced 1 week apart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five Hyalgan Injections for the Right 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) Knee and Leg Chapter regarding 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 Injections

Decision rationale: Official Disability Guidelines indicate that for repeat series injections, they are appropriate if there is documented significant improvement in symptoms for 6 months or more. The clinical documentation submitted for review failed to indicate documentation of objective functional improvement in symptoms for 6 months or more. Given the above, the request for 5 Hyalgan injections for the right knee is not medically necessary.