MAXIMUS Federal Services

Case Number:	CM14-0013049		
Date Assigned:	02/24/2014	Date of Injury:	04/08/2008
Decision Date:	08/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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 injured worker is a 58-year-old female who reported an injury on 04/08/2008. The mechanism of injury was a trip and fall. The medications, surgeries and diagnostic imaging were not provided. The prior treatments included a home exercise program. The documentation of 12/11/2013 revealed the injured worker had pain in the knee that was 6/10 to 7/10 that was constant to severe. The physical examination of the knee revealed unrestricted motion with full extension to 150 degrees of flexion with no crepitus in the patellofemoral joint. There was medial and lateral joint line tenderness. The diagnoses included right knee sprain and history of right knee contusion. The discussion included the physician was waiting on approval for hyaluronic acid injections to the right knee. Additionally, the treatment plan included a continuation of quads, hamstrings, and strengthening exercises. The original date of request could not be determined through supplied documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronic Acid Injection to 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 & 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 injections.

Decision rationale: The Official Disability Guidelines indicate that hyaluronic acid injections are not recommended for any other indication other than osteoarthritis. The clinical documentation submitted for review failed to indicate the injured worker had osteoarthritis. The request as submitted failed to indicate the quantity of injections being requested. Given the above, the request for a hyaluronic acid injection to the right knee is not medically necessary.