

Case Number:	CM14-0032384		
Date Assigned:	06/20/2014	Date of Injury:	11/20/2010
Decision Date:	08/12/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 63-year-old male who was injured on November 20, 2010. The patient continued to experience pain in right knee. The physical examination was notable for tenderness along the right knee medial and lateral joint line and positive McMurray's test. Diagnoses included internal derangement of right knee. The treatment included surgery, knee injections, and medications. Request for authorization for Hyalgan injections into right knee # 5 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 5 Hyalgan injections to the right knee, Quantity: 5.00: 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 (Acute & Chronic).

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

Decision rationale: Hyalgan is sodium hyaluronate, an injectable medication claimed to increase the viscoelasticity of synovial fluid and possibly prevent degradation of articular cartilage. It is

recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. In this case documentation does not support the diagnosis of severe osteoarthritis. Therefore the request is not medically necessary.