

Case Number:	CM14-0089090		
Date Assigned:	07/23/2014	Date of Injury:	01/18/2013
Decision Date:	09/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational Medicine 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 patient is a 59-year-old male who has submitted a claim for degenerative joint disease associated with an industrial injury date of January 18, 2013. Medical records from 2014 were reviewed. The patient complained of chronic left knee pain rated at 7-8 out of 10. Physical examination of the left knee revealed crepitus, swelling and limp effusion. Treatment to date has included medications and Hyalgan injections. Utilization review, dated May 16, 2014, denied the request for Hyalgan Injections (5 shot series) because there was no documentation of patient response to previous series of Hyalgan injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan Injections (5 shot series): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Hyaluronic acid injections.

Decision rationale: Hyalgan is hyaluronate. CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California

Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for repeat series of injections are as follows: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. In this case, patient underwent a series of 3 Hyalgan injections that were certified last January 15, 2014. However, there was no documentation to show any improvement in symptoms. There is no documentation to support the request of another series of injections at this time. Therefore, the request for Hyalgan Injections (5 shot series) is not medically necessary.