

Case Number:	CM14-0093246		
Date Assigned:	07/25/2014	Date of Injury:	03/08/1994
Decision Date:	09/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 61-year-old male with a reported date of injury of March 8, 1994. The injured worker is noted to have bilateral osteoarthritis of the knees. There has been previous medial and lateral meniscectomy in year 1997 and subsequent chondroplasty in 1997. The claimant has complaints of severe bilateral knee pain for which the left knee has undergone viscosupplementation. Recent injections to the left knee have reported a significant relief of symptoms. There is an operative report as well as magnetic resonance imaging (MRI) report that verifies tricompartmental osteoarthritis in the right knee. The request is to perform Hyalgan injections of the right knee times five.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Hyalgan injections (Qty 5): Overturned

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, Viscosupplementation (<http://www.odg-twc.com/odgtwc/knee.htm#hyaluronicacidinjections>).

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

Decision rationale: The request for Hyalgan injections to the right knee is considered medically necessary. There is an operative report as well as magnetic resonance imaging (MRI) report that verifies tricompartmental osteoarthritis in the right knee. There is no additional documentation as to the response to previous Hyalgan injections. However, the claimant has had a good response to the Hyalgan injections of the left knee such that one could expect a similar response on the right knee. This is in accordance with Official Disability Guidelines (ODG) recommendations and should be considered medically necessary.