

Case Number:	CM15-0052674		
Date Assigned:	03/26/2015	Date of Injury:	03/27/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 38 year old female, who sustained an industrial injury on March 27, 2012. She reported right knee and lower back injuries. The injured worker was diagnosed as having internal derangement of the right knee status post surgery for medial meniscectomy and persistent symptomology and cyst in posterior horn of the medial meniscus and mild patellofemoral chondromalacia. Treatment to date has included an MRI, x-rays, activity modifications, off work due to no modified duty available, viscosupplementation injections, steroid injections, and medications including oral and topical pain, muscle relaxant, and non-steroidal anti-inflammatory. On February 24, 2015, the injured worker complains of right knee instability, popping, clicking, and occasional swelling. The physical exam revealed tenderness along the right knee medial and lateral joint lines, medial greater than lateral. There was full extension and flexion of the right knee. The treatment plan includes an unloading knee brace, physical therapy, and oral and topical pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Hyalgan Injections x 5 for The Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339.

Decision rationale: This 38 year old female has complained of right knee pain since date of injury 3/27/12. She has been treated with viscosupplementation, steroid injections, physical therapy, surgery and medications. The current request is for Hyalgan injections x 5, right knee. Per the ACOEM guidelines cited above, Hyalgan injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guidelines cited above, the request fir Hyalgan injections x 5, right knee, is not indicated as medically necessary.