MAXIMUS Federal Services

Case Number:	CM15-0073294		
Date Assigned:	04/23/2015	Date of Injury:	08/31/2002
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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: North Carolina Certification(s)/Specialty: Family Practice

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 55-year-old male who sustained an industrial injury on August 31, 2002. Prior treatment includes Hyalgan injections and medications. Currently the injured worker complains of left knee pain, which has progressively worsened and notes that it increases when walking on uneven surfaces. Diagnoses associated with the request left chondromalacia patellae. The treatment plan includes Hyalgan injection series and Medrol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections to the left 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hyaluronic acid injections.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. Per the ODG, hyaluronic acid injection in the knee is only indicated in patients with proven diagnosis of moderate to severe osteoarthritis. The patient has the diagnosis of chondromalacia. Therefore, the request is not medically necessary and not certified.