
Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0024372	Date of Injury:	02/24/2002
Claims Number:	[REDACTED]	UR Denial Date:	09/03/2013
Priority:	STANDARD	Application Received:	09/16/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
INJECTION: SERIES HYALGAN INJECTIONS X 5			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old female who sustained bilateral knee injuries on 2/24/02. The clinical records for review include a progress report dated 9/18/13 from Dr. [REDACTED] indicating subjective complaints of constant bilateral knee pain worse with activities. It states that the response to prior viscosupplementation injections had been positive. The last injections were noted to be January 2012. Objectively, she continued to be with pain over the bilateral knees with palpation and motion from 0-100° with no swelling. The recommendations for viscosupplementation injections as well as continuation of oral medication management were recommended. It states that previous arthroscopic findings indicated Grade III chondromalacia of the tibia and Grade IV changes to the patella from surgical intervention. Imaging studies from 2012 showed MRI scans with tibial and patellar changes with bilateral anterior cruciate ligament augmentation surgery noted.

IMR DECISION(S) AND RATIONALE(S)

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

1. Hyalgan injection is medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Procedure, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of

Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee Chapter – Criteria for Hyaluronic acid injections, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Based on Official Disability Guidelines criteria, as California ACOEM Guidelines and California MTUS Chronic Pain Guidelines are silent, viscosupplementation injections in this case would appear warranted. The claimant last received injections in January 2012 from which she did well from a functional point of view. She is now with continued complaints of discomfort with well-documented advanced degenerative changes to the knees bilaterally. Based on the documentation of six-plus months of improvement as well as advanced underlying arthrosis, the repeat series of injectables would appear medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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CM13-0024372