

Case Number:	CM14-0140078		
Date Assigned:	09/08/2014	Date of Injury:	08/31/2002
Decision Date:	10/22/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/29/2014

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 Emergency Medicine 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 54-year-old male with a reported date of injury on 08/31/2002. The mechanism of injury was a fall. The diagnosis included chondromalacia. The past treatments included pain medication and Hyalgan injections. There was no relevant diagnostic testing submitted for review. There was no relevant surgery history documented in the notes. The subjective complaints on 06/27/2013 included left knee pain. The physical exam noted left chondromalacia patella. The patient presents today for a follow-up injection to the left knee. The patient was given a Hyalgan injection to his left knee, which provided pain relief until 2 weeks ago. The medications included naproxen. The treatment plan was to receive a Hyalgan injection. A request was received for a Hyalgan injection series, left knee. The rationale was to relieve the pain in the left knee. The Request for Authorization form was dated 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT Hyalgan injection series, Left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for EXT Hyalgan injection series, left knee, is not medically necessary. The Official Disability Guidelines state that a repeat series of injections may be supported if documented significant improvement in symptoms for 6 months or more, and symptoms reoccur, it may be reasonable to do another series. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia of the patella, facet joint arthropathy, and osteoarthritis. The patient has chronic left knee pain. The notes indicate that the patient had a previous hyaluronic injection; however, no duration was documented in regards to how long the patient's symptom relief lasted. Additionally, the patient's diagnosis is chondromalacia of the patella and is not recommended for hyaluronic acid injections. Given the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.