

Case Number:	CM13-0028540		
Date Assigned:	11/27/2013	Date of Injury:	03/03/2011
Decision Date:	01/31/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/25/2013

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. 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 claimant is a 53-year-old female who was injured in a work related accident on March 3, 2011. She sustained an injury to the right elbow. Clinical records for review in this case include a progress report of August 14, 2013 by treating physician [REDACTED] giving the claimant a diagnosis of elbow pain status post right radial head hardware removal status post intraarticular fracture. Physical examination to the elbow showed 0 to 140 degrees motion with 90 degrees of both supination and pronation and no instability. She was noted to be with continued complaints of pain having failed conservative care and a series of viscosupplementation injections to be performed under ultrasound guidance were recommended. Further clinical records are not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of Euflexxa injections under ultrasound to the right elbow: 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);hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure

Decision rationale: California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of viscosupplementation injections to the elbow is "not recommended". Current clinical literature does not support the role of long term efficacy of viscosupplementation to the elbow with randomized clinical trials demonstrating only short term and very limited diminished pain levels in the posttraumatic arthritic setting. Based on the above, the role of viscosupplementation injection series to the right elbow would not be supported at this time.