

Case Number:	CM14-0180351		
Date Assigned:	11/05/2014	Date of Injury:	07/26/2007
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 65 year old male who was injured on 7/26/2007. He was diagnosed with right distal radius fracture and carpal tunnel syndrome. He was treated with surgeries (right wrist), immobilization, and various oral and topical medications. The most recent progress note by the requesting physician dated 8/26/14 included documentation of the worker complaining of his constant right wrist pain with numbness. He reported using Percocet, Lyrica, Xanax, and Butrans patch for his pain. He complained of being very unhappy with his wrist surgery. Physical examination findings included diffuse swelling of the right wrist with hypersensitivity over the radial aspect. He was then discontinued Xanax due to side effects of increased anxiety and paranoid thoughts, restart Valium for his anxiety, and continue his other medications. The same requesting physician requested sodium Hyaluronate 100% #120 on 9/30/2014 without supporting documentation from around the time of the request to help explain why it was recommended to this worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sodium Hyaluronate 100% #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Other Medical Treatment Guideline or Medical Evidence: Medscape.com: sodium hyaluronate (<http://reference.medscape.com/drug/amvisc-hyalgan-sodium-hyaluronate-343375>)

Decision rationale: The MTUS Guidelines and the Official Disability Guidelines both do not address topical sodium Hyaluronate, but do address injected forms for severe osteoarthritis. Topical forms of sodium Hyaluronate are indicated for skin ulcers and wounds. In the case of this worker, it is unclear as to why this medication was recommended, and if it was recommended for a topical wound or internal injury such as his wrist injury. There was no evidence to support the use of sodium Hyaluronate and will be considered not medically necessary.