

Case Number:	CM14-0026834		
Date Assigned:	05/05/2014	Date of Injury:	09/30/2009
Decision Date:	07/14/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine 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 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 patient is 54-year-old male who has submitted a claim for osteoarthritis of both carpometacarpal joints associated from an industrial injury date of September 30, 2009. The medical records from 2013 were reviewed, the latest of which dated December 3, 2013 showing that the patient complains of left hand pain at the carpometacarpal joint. He has corticosteroid injection and reports it helped his symptoms briefly but he has had persistent pain. On physical examination, there is focal tenderness over the carpometacarpal joint. The treatment to date has included corticosteroid injection to bilateral first carpometacarpal joints (10/16/13), work modification, manipulation, therapy and unspecified non-steroidal anti-inflammatory drugs (NSAIDs) and pain medications. A utilization review from December 18, 2013 denied the request for left hand viscosupplementation injection x 3 because there is no support for viscosupplementation injection for treatment of the hand in current evidence based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HAND VISCO SUPPLEMENTATION INJECTION X 3: 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), Knee and Leg Chapter, Criteria for 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), Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: The CA MTUS does not address the topic on viscosupplementation injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Divisions of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; have failure of conservative treatment; and have plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In this case, viscosupplementation injection was requested for the left hand. However, there is no documentation of failure of conservative treatment. Moreover, the guidelines do not support this treatment for hand osteoarthritis. Therefore, the request for left hand viscosupplementation injection x 3 is not medically necessary.