

<b>Case Number:</b>	CM14-0060353		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 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 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:

This patient is a 47-year-old gentleman who was injured in work related accident on 02/10/12. The clinical records provided for review include the 03/24/14 progress report following left elbow arthroscopy for which it is documented that Grade 3-4 chondral change was observed. The report recommends a course of visco-supplementation to address the claimant's continued complaints in the postoperative setting. Physical exam showed 0-130 degrees range of motion, restricted supination and pronation. There was no tenderness to the DRUJ or interosseous musculature. This request is for an appeal for viscosupplementation for the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left elbow Orthovisc injections X3: 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) Elbow.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18<sup>th</sup> Edition, 2013 Updates: Elbow Procedure, Viscosupplementation.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request.

The Official Disability Guidelines do not recommend the use of viscosupplementation injections in the elbow as there is no current scientific, peer-reviewed literature to support its long term use or efficacy for the diagnosis of elbow osteoarthritis. The specific request for Visco-supplementation Injections in this individual is not medically necessary.