

Case Number:	CM15-0003602		
Date Assigned:	01/14/2015	Date of Injury:	11/14/2009
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 77-year-old female who reported injury on 11/14/2009. The mechanism of injury was not provided. The diagnosis included first CMC joint osteoarthritis. Documentation of 12/10/2014 indicated the injured worker was in the office for left hand and left knee pain. The injured worker continued complaining of pain in the left wrist. The request was noted to have previously been made for Supartz injections on the prior visit and a consultation with a hand surgeon, which were noted to be not authorized. Examination of the left hand revealed there was tenderness and pain over the first CMC joint. The strength test of the hand and wrist was within normal limits. The range of motion was within normal limits. The injured worker was given an injection into the left first CMC joint under sterile conditions. The treatment plan included the injured worker tolerated the injection and was provided a thumb Spica splint. The request was made for a referral to a hand surgeon for possible surgical intervention for the first CMC joint arthritis, and the request was made for Supartz injections. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection for left hand x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, does not address. Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: The Official Disability Guidelines indicate that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis injured workers who have not responded adequately to recommended conservative treatment, including exercise, NSAIDs or acetaminophen. The clinical documentation submitted for review indicated the injured worker was treated with an injection per the office visit. However, there was a lack of documented response to the injection. There was a lack of documentation of a failure of all conservative care. Given the above, the request for Supartz injection for left hand x 3 is not medically necessary.