

<b>Case Number:</b>	CM15-0008615		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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

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 52-year-old male who reported an injury on 12/06/2012. The mechanism of injury was not stated. The current diagnoses include right knee degenerative joint disease and left elbow pain. The injured worker presented on 12/17/2014. It was noted that the injured worker was status post right knee arthroscopy with meniscectomy on 04/14/2014. Subjective complaints were not provided. Objective findings included increased strength and endurance. Recommendations included left elbow PRP, Orthovisc, as well as physical therapy. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc Injectable QTY:3.00:** 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, Acute & Chronic (updated 10/20/14), Viscosupplementation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Viscosupplement-ation

**Decision rationale:** The Official Disability Guidelines do not recommend viscosupplementation for elbow osteoarthritis. It is currently under study for epicondylitis. There was no physical examination of the elbow submitted for review. The injured worker maintains diagnoses of degenerative joint disease of the right knee, as well as left knee pain. It is unclear whether the provider is requesting an Orthovisc injection for the elbow or the right knee. Given the above, the request is not medically appropriate.

**Supplies and Materials QTY:3.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Physical Therapy of unspecified frequency and duration to the Left Elbow TYQ:1.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no comprehensive physical examination provided on the requesting date. The medical necessity for skilled physical medicine treatment has not been established. There is also no quantity listed in the request. Given the above, the request is not medically appropriate.