

Case Number:	CM15-0058642		
Date Assigned:	04/03/2015	Date of Injury:	12/14/2012
Decision Date:	05/08/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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:

This 60 year old woman sustained an industrial injury on 12/14/2012. The mechanism of injury is not detailed. Evaluations included elbow x-rays performed during the consultation, electrodiagnostic studies of the bilateral upper extremities dated 5/5/2014, ultrasound of the bilateral shoulders and wrists dated 6/26/2014, and right shoulder x-ray dated 6/26/2014. Diagnoses include localized degenerative joint disease of the elbow, right carpal tunnel syndrome, shoulder pain, and localized osteoarthritis of the upper arm. Treatment has included oral medications. Physician notes dated 3/5/2015, an initial orthopedic consultation, show complaints of right elbow and cervical spine pain. Recommendations include a discussion regarding operative versus non-operative options, visco injections, possible future surgery, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYALGAN X 3, R ELBOW: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, Viscosupplementation, page 135.

Decision rationale: Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states visco supplementation is not recommended for treatment of the elbow joint. Guidelines noted the only published trial concluded that visco supplementation for the treatment of post-traumatic osteoarthritis of the elbow provided only slight, short-term pain relief and a very limited decrease in activity impairment. Additionally, visco supplementation after 6 months showed no noticeable beneficial effects in any of the injected elbows. Studies conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommend Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions for the elbow joint. Submitted reports have not demonstrated clear supportive clinical findings or imaging to support for the injection outside guidelines criteria. Additionally, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. The HYALGAN X 3, R ELBOW is not medically necessary and appropriate.