

Case Number:	CM15-0089135		
Date Assigned:	05/13/2015	Date of Injury:	12/04/2012
Decision Date:	06/15/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female who sustained a work related injury December 4, 2012. According to an initial consultation, dated March 5, 2015, the injured worker presented with constant grinding right elbow pain and cervical pain. The right elbow pain occurs intermittently, is fluctuating and radiates to the right arm. The pain is described as aching, dull, sharp and throbbing. The cervical pain is described as aching and dull without radiation. Assessment is documented as pain in limb and localized degenerative joint disease involving the right elbow. A request for authorization form, dated March 6, 2015, requests Hyalgan x 3, right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan x 3, Right elbow: 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) American Academy of Orthopaedic Surgeons. Clinical practice guidelines. Online. Treatment of Osteoarthritis of the knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Viscosupplementation.

Decision rationale: The claimant sustained a work-related injury in December 2012 and continues to be treated for chronic neck and right elbow pain. When requested there was a normal elbow examination. A diagnosis of osteoarthritis is referenced. At a subsequent visit, acetaminophen was providing pain relief. Viscosupplementation is not recommended for elbow osteoarthritis. Additionally, in this case, the claimant's pain is controlled with over the counter medication and there are no reported physical examination findings such as crepitus or limited range of motion that supports a diagnosis of osteoarthritis. The request is not medically necessary.