

Case Number:	CM14-0136224		
Date Assigned:	09/03/2014	Date of Injury:	09/24/2012
Decision Date:	10/06/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/25/2014

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:

50 year old male claimant with an industrial injury dated 09/24/12. The patient is status post right shoulder subacromial injections, chiropractic therapy, acupuncture, injection at the neck, bilateral Orthovisc injections to the bilateral knees, and medication. Exam note 07/11/14 states the patient returns with neck pain that is resulting to a stabbing pain and numbness radiating down both arms. He also complains of back pain and an increase in GI complaints. The physical exam demonstrated that the patient had tenderness surrounding the cervical/lumbar area, and there was evidence of surgical incisions at the elbow/right wrist/right middle finger healing. The patient demonstrates a weakness in the lower extremities. The patient completed a positive Hoffman sign test on the left and was diagnosed with a possible CRPS right upper extremity and chronic pain syndrome. Treatment includes a continuation of medication, and knee injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up 6 weeks for knee injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injection

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee. As there is no radiographic documentation of severe osteoarthritis in the records from 7/11/14 for this claimant, the determination is for not medically necessary.