

Case Number:	CM14-0212598		
Date Assigned:	12/30/2014	Date of Injury:	03/28/2006
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 59 year old patient with date of injury of 03/28/2006. Medical records indicate the patient is undergoing treatment for right shoulder impingement syndrome, rotator cuff tendonitis and partial tear, right elbow lateral epicondylitis, right hand strain/sprain, tendonitis, carpal tunnel syndrome, lumbar radiculitis/radiculopathy, right knee degenerative joint disease, right sided reflex sympathetic dystrophy, right hip trochanteric bursitis, anxiety and depression, insomnia and venous varicosity with stasis edema. Subjective complaints include right shoulder pain, right elbow pain, right wrist and hand pain and low back pain with numbness and tingling in the lower extremities. Objective findings include restricted lumbar range of motion and paraspinal tenderness and spasm, positive straight leg raise bilaterally, hypoesthesia t anterolateral aspect of foot and ankle, weakness in big toe dorsiflexor and big toe plantar flexor bilaterally, right shoulder restricted and painful range of motion, tenderness over greater tuberosity of humerus with subacromial grinding and clicking, tenderness over infraspinatus and a positive impingement test. MRI of lumbar spine shows multilevel mild to moderate disc bulges of 2 to 3 mm. Treatment has consisted of surgical intervention, physical intervention, Norco, Prilosec, Gabadone, Neurontin and Zanaflex. The utilization review determination was rendered on 12/18/2014 recommending non-certification of Ultrasound Guided Corticosteroid Injection x1 to Right Elbow Lateral Epicondyle region and Ultrasound Guided Hyalgan Injections x4 Right Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Corticosteroid Injection x1 to Right Elbow Lateral Epicondyle region: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: ODG states "Not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. (Boisaubert, 2004) The significant short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow". Guidelines recommend against corticosteroid injections for epicondylitis. As such, the request for Ultrasound Guided Corticosteroid Injection x1 to Right Elbow Lateral Epicondyle region is not medically necessary.

Ultrasound Guided Hyalgan Injections x4 Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections

Decision rationale: Orthovisc is a high molecular weight hyaluronan. MTUS is silent regarding the use of ultrasound guided orthovisc injections. While ACOEM guidelines do not specifically mention guidelines for usage of ultrasound guided orthovisc injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. Documented symptomatic severe osteoarthritis of the knee, which may include the following Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure

to adequately respond to aspiration and injection of intra-articular steroids;". Medical records provided do not indicate that a corticosteroid injection was completed prior to this request. No documentation provided comment on if the patient was unsuccessful with other treatment nonpharmacologic or pharmacologic modalities after at least 3 months. ODG states that "This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended". Additionally, ODG states that Hyaluronic acid injections "Generally performed without fluoroscopic or ultrasound guidance". Additionally, guidelines only support three injections; the request is in excess of guideline recommendations. As such, the request for Ultrasound Guided Hyalgan Injections x4 Right Knee is not medically necessary.