

Case Number:	CM13-0032772		
Date Assigned:	12/06/2013	Date of Injury:	09/22/2011
Decision Date:	04/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine & Rehabilitation, 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:

This 55 year-old Labor Foreman sustained a left shoulder injury after slipping and hung from a harness on 9/22/11 while employed by [REDACTED]. Conservative care has included extensive physical therapy, medications and surgery s/p left shoulder arthroscopy for rotator cuff repair on 2/2/12 with 24 post-op PT and 2nd left shoulder arthroscopy on 9/18/12 with post-op PT. A report of 1/8/13 from the provider noted the patient with 10/10 on activity with difficulty on overhead motion but functions adequately with arm below chest level. Exam of the left shoulder showed forward flexion 100 degrees with pain; abduction 70 degrees with pain; significant crepitus. Recommendation was for home exercise program and Supartz injections. PQME on 3/13/13 noted diagnoses of s/p two shoulder surgeries for rotator cuff pathology. Report of 8/26/13 from the provider noted cortisone injection helped for a few days; exam showed ROM 120/50/L3. Request was for Supartz x 3 injections as above which were noncertified on 9/6/13 citing guidelines criteria and a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ X3 LEFT SHOULDER UNDER ULTRASOUND GUIDED INJECTION:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder section on Hyaluronic acid injections.

Decision rationale: The ODG states that hyaluronic acid injections may be a safe and effective alternative to other conservative methods; however, per recent meta-analysis, viscosupplementation had no effect on range of motion per trial with absence of long-term efficacy data. Additionally, Hyaluronic acid injections may be more effective than steroids as an option for glenohumeral joint osteoarthritis, but are not recommended for rotator cuff tear or adhesive capsulitis. Submitted reports have not demonstrated clear supportive findings of severe osteoarthritis for the injection request. The request for Supartz x 3 left shoulder under ultrasound guided injection is not medically necessary and appropriate.