

<b>Case Number:</b>	CM13-0052583		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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:

The claimant is a 59-year-old gentleman who was injured 05/11/10. Specific to the claimant's right shoulder, there is documentation of continued complaints of pain. A recent 10/28/13 progress report gave the claimant a diagnosis of chondromalacia and an examination showing diminished range of motion to 120 degrees of forward flexion, 20 degrees of external rotation, and 45 degrees of abduction. The diagnosis of that date of glenohumeral osteoarthritis was also given. It is noted that the claimant has been treated from a degenerative point of view with prior May 17th assessment showing recent improvement with a series of three Euflexxa injections to the shoulder. A follow up of September 20, 2013 recommended continued treatment with a repeat series of Euflexxa, i.e. viscosupplementation, for the shoulder for further care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ORTHOVISC INJECTION TO THE RIGHT SHOULDER X 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Section On Hyaluronic Acid Injections.

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

Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Shoulder Procedure - Hyaluronic Acid Injections.

**Decision rationale:** MTUS Guidelines are silent when looking at Official Disability Guidelines criteria, the role of repeat viscosupplementation injections for the claimant's shoulder would not have been supported. While Hyaluronic acid injections can be recommended for a diagnosis of glenohumeral joint osteoarthritis, the repeat use of viscosupplementation would follow clinical guidelines consistent with knee procedures that would only recommend the role of repeat injectables if a six month period of improvement was noted. The individual had undergone injectables in April 2013 with repeat series being requested in September, a period of five months. While the claimant did receive temporary relief from injection, a lack of documentation of six months of relief would fail to necessitate continued role of the above agent. Therefore the request is not medically necessary and appropriate.