

Case Number:	CM13-0055331		
Date Assigned:	12/30/2013	Date of Injury:	04/29/1997
Decision Date:	04/15/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/20/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 51-year-old female who reported an injury on 04/29/1997. The mechanism of injury was noted to be while testing a ladder she lost control of a 77 pounds, 24 foot ladder while helping carry the ladder and the ladder fell on her. The patient underwent shoulder surgery twice, once in 03/1999 and once in 10/1999. The patient had a revision of the right shoulder arthroscopy on 05/31/2013. The patient was noted to have undergone physical therapy and continued to have pain with repetitive activities. The patient had weakness with activities of daily living and pain at night. The physical examination revealed forward flexion in abduction to 170 degrees, internal rotation to L3, and manual muscle testing of 4+/5. The patient had tenderness to the Acromioclavicular joint and a positive cross arm. The diagnoses were osteoarthritis localized and primary. The plan and recommendations included physical therapy due to functional deficits, especially with regard to weakness and pain with repetitive activities and viscosupplementation with Synvisc-One.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection under fluoroscopic guidance for the right shoulder quantity 1.00:
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).

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

Decision rationale: Official Disability Guidelines indicate hyaluronic acid injections are not recommended based on recent research in the shoulder, plus several recent quality studies in the knee. It was formally under study as an option for glenohumeral joint osteoarthritis, but is not recommended for rotator cuff tear or adhesive capsulitis. The patient's diagnosis was noted to be osteoarthritis. The clinical documentation submitted for review failed to indicate exceptional factors to warrant non-adherence to guideline recommendations. The request for Synvisc-One injection under fluoroscopic guidance for the right shoulder quantity: 1.00 is not medically necessary.

Physical therapy two times four quantity 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. There was lack of documentation indicating the quantity of sessions the patient previously attended. There was lack of documentation indicating objective functional deficits to support ongoing therapy. There was lack of documentation indicating the part of the body to be treated. The request for physical therapy two times four quantity: 8.00 is not medically necessary.