

Case Number:	CM13-0057548		
Date Assigned:	07/02/2014	Date of Injury:	03/22/2007
Decision Date:	08/05/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopaedic 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:

This 67-year-old male sustained an industrial injury on 3/22/07. The mechanism of injury is not documented. The patient is status post right shoulder arthroscopy. Records documented a series of five Supartz injections, the most recent on 6/7/13 with pain reduction and increased range of motion documented. The 10/16/13 treating physician report cited the patient began to feel crunching and grinding in the shoulder about a month ago. He was previously diagnosed with right glenohumeral joint osteoarthritis. He had been receiving viscosupplementation injections every 6 months with good results. Physical exam documented arm elevation 130 degrees, external rotation 40 degrees, and internal rotation 60 degrees. There was normal rotator cuff strength and crepitus in the subacromial space. The treatment plan recommended a series of five Supartz injections. The 10/29/13 utilization review denied the request for a series of Supartz injections based on an absence of guideline support. The 11/22/13 patient appeal letter acknowledged the utilization review rationale but stated that he was a living example of the effectiveness of sodium hyaluronate injections. He had undergone two series of five Supartz injections, which provided great pain relief, and increased range of motion and use of the shoulder. He reported functional benefit in activities of daily living. He stated that he did not want to undergo a shoulder joint replacement, as these injections were effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SERIES OF FIVE RIGHT SHOULDER SUPARTZ INJECTIONS WITH ULTRASONIC GUIDANCE: 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), Shoulder, 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), Shoulder, Hyaluronic Acid Injections.

Decision rationale: The California MTUS do not provide recommendations for these injections in chronic shoulder conditions. The Official Disability Guidelines state that hyaluronic acid injections are not recommended in the shoulder. Guidelines formerly had recommended hyaluronic acid injections as an option for glenohumeral joint osteoarthritis but this recommendation was downgraded as a result of new research. Recent research concluded that there was insufficient evidence to make conclusions with any certainty about the effectiveness of sodium hyaluronate for the shoulder and in what situations it is likely to be effective. This request for Supartz injections is not supported by guidelines based on current research regarding effectiveness. Records indicate that the patient received the most recent Supartz injection in June 2013 with a return of symptoms in September 2013. Even in the knee where these injections are supported, guidelines require documentation of at least 6 months of significant improvement to support repeat injections. Therefore, this request for a series of five right shoulder Supartz injections with ultrasonic guidance is not medically necessary.