

Case Number:	CM13-0060463		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2012
Decision Date:	04/30/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 46 year old male with a date of injury on 8/27/2012. Diagnoses include traumatic arthropathy of the shoulder, superior glenoid labrum lesion, and supraspinatus sprain. Patient has been treated for ongoing bilateral shoulder pain, and had left shoulder surgery on 11/1/13 consisting of subacromial decompression, loose body removal, osteoplasty, and biceps tenodesis. Left shoulder MRI shows severe chondral thinning of the glenoid articular cartilage at the labral base, a tear of the anterior labrum, and degenerative changes. Right shoulder MRI showed a glenoid labral tear with articular cartilage injury, but no other degenerative changes. Subjective findings reveal that the left shoulder is doing well and improving with therapy, right shoulder complaints are of pain and some instability. Physical exam mentions left shoulder was improving and range of motion good, and biceps was strong. Right shoulder was documented to have negative rotator cuff signs, good range of motion, and no tenderness to palpation. Treatments have included physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJ SYNVISCO ONE INJECTIONS BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES VISCOSUPPLEMENTATION 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 ODG recommends hyaluronic acid injections for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. For this patient, arthritic changes are documented for the left shoulder. The right shoulder does not appear to have arthritic/degenerative changes. Although guideline recommendations conclude that hyaluronic acid injections can be used for treatment of glenohumeral joint osteoarthritis, the request as written is for bilateral shoulder injections. There is not supportive documentation that the right shoulder meets guideline recommendations for injection. Therefore, the medical necessity of bilateral shoulder (hyaluronic acid) Synvisc injections is not established.