

<b>Case Number:</b>	CM13-0069174		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Preventive Medicine, has a subspecialty in Occupational and Environmental Medicine 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:

Prior treatment history has included 30 physical therapy visits. The patient underwent an operative arthroscopy of the glenohumeral joint, debridement of rotator cuff glenoid labral tear and chondroplasty with removal of chondral loose bodies, right shoulder. Final Determination Letter for IMR Case Number [REDACTED] Diagnostic studies reviewed include MRI right shoulder performed on 11/26/2012 revealed 1) Tendinosis and moderate grade partial tear involving the intra-articular portion of the biceps tendon at the biceps labral anchor; 2) Subscapular tendinosis with superimposed low to moderate grade intrasubstance partial tear; 3) infraspinatus tendinosis with superimposed low to moderate grade intrasubstance partial tear near the footprint; 4) Supraspinatus calcific tendinosis; 5) Moderate osteoarthritis of the glenohumeral joint with moderate joint space narrowing, moderate osteophytosis, mild subchondral cystic changes involving the anterior-inferior aspect of the glenoid, and a small joint effusion; 6) A couple of intra-articular bodies measuring up to 10 mm are seen within the biceps tendon sheath; 7) Abnormal signal involving the anterior superior aspect of the fibrocartilaginous labrum is concerning for a labral tear. There is also inferior labral degeneration. Clinic note dated 11/19/2013 indicated the patient was in for a re-evaluation of his right shoulder. He continues to have pain along the longhead of the biceps tendon on the anterior portion of the shoulder. He continues to have weakness and discomfort. He has previously undergone a course of physical therapy and acupuncture, which was somewhat beneficial. On examination of the right shoulder, there are well-healed arthroscopic portals; rotation is 60 degrees and manual muscle testing is 4+/5 in all planes. Daily Progress notes dated 10/04/2013 documented the patient to have complaints of anterior shoulder pain that continues to improve but still isn't pain-free. He is back to working full time and performing light gym work. His functional level during this time, he

was unable to use upper extremities (UE) overhead without moderate pain. He is unable to perform UE activities/sports without pain; washing behind his back without pain is no longer a problem.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SYNVISC ONE INJECTION INTO THE RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Procedure Summary - 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--acute & chronic, Hyaluronic acid injections

**Decision rationale:** ODG - Shoulder (Acute & Chronic) guidelines on Hyaluronic acid injections detail: "Not recommended, based on recent research in the shoulder, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. Was formerly under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. The osteoarthritis recommendation was downgraded based on recent research below, plus recent research in the Knee Chapter, the primary use for Hyaluronic acid injections, which concludes that any clinical improvement attributable to hyaluronic acid injections is likely small and not clinically meaningful. An earlier RCT of sodium hyaluronate in 666 patients concluded that the primary end point of the study (improvement in terms of shoulder pain at thirteen weeks) was not achieved, but the overall findings, including secondary end points, indicated that sodium hyaluronate was effective and Final Determination Letter for IMR Case Number [REDACTED] well tolerated for the treatment of osteoarthritis, but not rotator cuff tear or adhesive capsulitis. (Blaine, 2008) This meta-analysis concluded that, for treatment of chronic painful shoulder, hyaluronate injections are a safe and effective alternative to other conservative methods. The analysis suffered from low methodological reporting quality of the trials and from an absence of long-term efficacy data. (Saito, 2010) Recent research: The latest UK Health Technology Assessment concludes that a small number of diverse studies of sodium hyaluronate were identified, all of which may have had a high risk of bias. 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. (Maund, 2012) In this RCT with 300 patients there was no statistically significant difference in outcomes comparing sodium hyaluronate injection with saline injection for glenohumeral osteoarthritis. (Kwon, 2013)." The request for synvisc injection to the right shoulder, therefore, is not medically necessary.

#### **PHYSICAL THERAPY FOR THE RIGHT SHOULDER TWICE A WEEK FOR SIX WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines - Final Determination Letter for IMR Case Number [REDACTED] Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." The request for physical therapy for the right shoulder twice a week for six weeks, does not meet the guidelines as outlined above, and is non-certified.