

Case Number:	CM14-0001553		
Date Assigned:	01/22/2014	Date of Injury:	06/11/2010
Decision Date:	08/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 11, 2010. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; twenty four sessions of postoperative physical therapy; earlier shoulder surgery; and MRI imaging of December 3, 2013, which, per the claims administrator, showed an anterior labral tear, SLAP tear, and glenohumeral degenerative joint disease. In a Utilization Review Report dated December 11, 2013, the claims administrator denied a request for a series of three viscosupplementation (Supartz) injections to the shoulder. The claims administrator cited non-MTUS ODG Guidelines and stated that the denial is being based on the fact that ODG deemed Supartz injections (under study) for glenohumeral joint arthritis. The denial, then, was predicated on what the claims administrator believed to be a tepid ODG recommendation. The applicant's attorney subsequently appealed. In a medical-legal evaluation of April 7, 2014, it was stated that the applicant had persistent complaints of right shoulder pain, unchanged following earlier shoulder corticosteroid injection therapy and earlier shoulder surgery. The medical-legal evaluator stated that the applicant had derived only temporary benefit from the other corticosteroid injection. Right shoulder range of motion was significantly limited with flexion and abduction to 95- to 100-degree range.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTION X3 TO RIGHT SHOULDER: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Shoulder Chapter, Injections section.

Decision rationale: The California MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Shoulder Chapter, intraarticular viscosupplementation (Supartz) injections are recommended in the treatment of shoulder osteoarthritis, the diagnoses reportedly present here. In this case, the applicant has apparently tried and failed other forms of treatment, including time, medications, earlier shoulder arthroscopy, and earlier shoulder corticosteroid injection therapy. These treatments have been unsuccessful. Persistent signs and symptoms of shoulder arthritis persist. The applicant has radiographic and operative evidence of shoulder osteoarthritis. For all of the stated reasons, then, the proposed Supartz injections are medically necessary.