

Case Number:	CM14-0003660		
Date Assigned:	02/03/2014	Date of Injury:	08/27/2012
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 Emergency 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:

This is a patient with reported date of injury on 8/27/2012. The mechanism of injury was described as "fall one year ago." The patient has a diagnosis of left shoulder labral tear, left shoulder degenerative arthritis, and left biceps tendinitis. The records show left shoulder surgery done on 11/1/13. The procedure was left shoulder arthroscopy, subacromial decompression, loose body removal, osteoplasty, and biceps tenodesis. Multiple medical reports from primary treating physician and consultants reviewed. The last report on 12/5/13 is very brief. It just states that patient is post left shoulder surgery on 11/1/13. "Doing well." Objective exam reveals left shoulder is post op, "pristine" with range of motion of 155/130/65/L1/90/90. The only complete history and exam was pre-operative from 9/23/13 where the patient complained of left shoulder pain and decreased function. The exam showed 165flexion/165abduction/60external rotation and T6internal rotation. Obrien test positive and tenderness to bicep area. The patient reportedly undergoing shoulder exercises. No medication list or prior interventions were provided. X-ray of left shoulder (11/1/13) shows "no pathologic changes" and "preoperative osteophyte is now gone." A utilization review (UR) is for bilateral synovisc one injection under fluoroscopy. Prior UR on 12/27/13 recommended non certification. As per UR note, the reviewer discussed case with the primary treating physician's worker's comp coordinator. Information exchange notes that the injection was requested because additional surgery was not being planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SYNVISIC ONE INJECTION UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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 AND CHRONIC), HYALURONIC ACID INJECTIONS.

Decision rationale: The MTUS Chronic pain and ACOEM guidelines do not adequately have any references to this specific topic. As per Official Disability Guidelines (ODG), Hyaluronic Acid injections are not recommended. Recent evidence shows that it is not effective in the shoulder and only minimally useful in the knee. Due to the available evidence, the request for bilateral Synvisc One Injection under fluoroscopy is not medically necessary.