

<b>Case Number:</b>	CM14-0104374		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 62-year-old male who sustained work-related injuries on November 1, 2012. The magnetic resonance imaging scan of the right shoulder dated February 7, 2014 revealed degenerative subchondral cystic changes seen involving superior aspect of the bony glenoid with small humeral head osteophytes. There was no definite glenohumeral joint effusion. A one centimeter cyst was seen within the posterior aspect of the humeral head. The magnetic resonance imaging of the left shoulder revealed superior labrum anterior posterior tear of the glenoid labrum, and mild degenerative subchondral signal alteration was seen involving the bony glenoid with small humeral head osteophytes. There was no definite humeral joint space narrowing seen. Per the medical records dated February 21, 2014, the injured worker was provided with diagnoses of (a) right shoulder impingement syndrome; osteoarthritis and (b) left shoulder impingement syndrome with superior labrum anterior posterior tear and osteoarthritis. He was considered to be not maximally medically improved; he is rather temporarily partially disabled and could benefit from additional treatment. He was recommended to undergo left shoulder surgery to address impingement and superior labrum anterior posterior lesion as well as a possible right shoulder surgery. The May 20, 2014 records indicate that his right shoulder bother him more significantly than his left. He has had an arthroscopic surgery on the right shoulder years ago and in the last six months his symptoms have worsened. He had multiple cortisone injections, hip replacement, neck surgery, elbow surgery, and lumbar surgery. On examination, range of motion of the bilateral shoulders was limited. His acromioclavicular joints were mildly tender. Tenderness was also noted in the greater tuberosity and proximal biceps. The rotator cuff strength was 4/5 in the infraspinatus, supraspinatus, and subscapularis. The impingement test was positive, bilaterally. The plain x-rays of the bilateral shoulders reveal moderate arthritic changes of the bilateral shoulders with more significant moderate to severe

changes on the right. The most recent progress notes dated June 12, 2014 indicated no changes in both subjective and objective findings. He is diagnosed with bilateral shoulder arthritis with possible rotator cuff or labral pathology.

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

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

**Orthovisc Injections once (1) a week for four (4) weeks, 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, Shoulder, (web) Updated 04/24/14: 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 (Acute & Chronic), Hyaluronic acid injections.

**Decision rationale:** The Official Disability Guidelines indicate that Orthovisc injections (hyaluronic acid injections) are not recommended based on the most recent research. It was formerly under study as an option for osteoarthritis but not recommended for rotator cuff tear or adhesive capsulitis. Osteoarthritic recommendation was downgraded based on recent research which concludes that any clinical improvement attributable to hyaluronic acid injections is likely small and not clinically meaningful. In this case, the injured worker does have osteoarthritis and has been diagnosed with possible rotator cuff or labral tear/pathology. Both conditions are not indicated for this treatment and this treatment itself is not recommended for the shoulders. Therefore, the medical necessity of the requested Orthovisc injections once (1) a week for four (4) weeks is not established.