

<b>Case Number:</b>	CM14-0106402		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Pennsylvania, Ohio, Michigan, and Texas. 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 60-year-old male who sustained a 01/31/2011 right shoulder injury. The injured worker is status post 11/29/2012 right shoulder arthroscopy, debridement of the glenoid labrum, revision subacromial decompression, removal of cicatrix and removal of bony fragments in the acromioclavicular joint. A right shoulder magnetic resonance arthrogram showed moderate infraspinatus tendinosis. An exam dated 05/19/14 reveals the right shoulder active range of motion is normal at 180 degrees in flexion and abduction with pain. Adduction and extension are 50 degrees with pain. Internal and external rotation is full at 90 degrees. On 06/19/2014 a request for Orthovisc injections 1 x 3 = 3 Right Shoulder, Injection procedure x 3 in office to right shoulder and was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections 1 x 3 = 3 Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section

**Decision rationale:** The requested Orthovisc injections x3 for the right shoulder are not medically indicated because this is a scientifically unproven use of Orthovisc that is also a non-FDA approved use. The CA-MTUS is silent regarding this matter therefore evidence-based ODG Guidelines is utilized which states regarding shoulder injections with Hyaluronic Acid (Orthovisc).

**Injection procedure x 3 in office for three orthovisc injections to right shoulder:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section

**Decision rationale:** The requested Orthovisc injections x3 for the right shoulder are not medically indicated because this is a scientifically unproven use of Orthovisc that is also a non-FDA approved use. The CA-MTUS is silent regarding this matter therefore evidence-based ODG Guidelines is utilized which states regarding shoulder injections with Hyaluronic Acid (Orthovisc).