

Case Number:	CM14-0107422		
Date Assigned:	08/01/2014	Date of Injury:	11/21/2012
Decision Date:	09/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 47-year-old male who reported an injury on 11/21/2012 due to a car that had fallen on top of a mechanic. The injured worker picked up the car. Since that incident, he has had pain in the right shoulder. Diagnoses were disorders of bursae in tendons in shoulder region, unspecified, shoulder pain. Past treatments have been physical therapy, cortisone injection to the right shoulder, and 4 Orthovisc injections to the right shoulder. Diagnostics were magnetic resonance imaging (MRI) of the right shoulder. The MRI revealed evidence of deformity of the humeral head in what would appear to be a small avulsion fracture of the greater tuberosity. There was some increased signal in the supraspinatus. Past surgical history was appendectomy, hernia repair, right shoulder extensive debridement and decompression 10/2013. Examination on 02/06/2014 the injured worker was seen and had received Orthovisc injections, but the injured worker stated that they did not seem to be benefitting him. Physical examination on 05/30/2014 revealed tenderness and no swelling of the right shoulder. Elevation was about 130 degrees, rotation was restricted to L4 level, external rotation was to 45 degrees. Reflexes were normal. The injured worker continued to complain he felt restriction in his shoulder. Medications were not reported. The treatment plan was for Orthovisc injections 1 times 4 to the right shoulder for diagnosis of osteoarthritis. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections 1X4=4 to right shoulder for diagnosis of osteoarthritis.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Hyaluronic Acid Injections.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition Guideline states invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic in a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for 2 to 3 weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to 3 per episode, allowing for assessment of benefit between injections. The Official Disability Guidelines (ODG) states for hyaluronic acid injections to the shoulder are not recommended based on recent research, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. Hyaluronic acid injections were formerly under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. The osteoarthritis recommendation has been downgraded based on recent research, 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. The injured worker has already received 4 Orthovisc injections and 1 cortisone injection to the right shoulder, where he stated he did not feel he was getting any improvement from the injections. The injured worker still had restriction and pain in the shoulder after receiving the injections. Medications were not reported. Therefore, the request is not medically necessary and appropriate.