

Case Number:	CM14-0108148		
Date Assigned:	09/16/2014	Date of Injury:	03/10/2008
Decision Date:	10/28/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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 65-year-old male who reported an injury on 03/10/2008. The mechanism of injury was not clearly indicated in the clinical notes. The injured worker's diagnosis included shoulder pain and osteoarthritis. The injured worker's past treatments included medication and physical therapy. The injured worker's diagnostic exams were not clearly indicated in the clinical notes. The injured worker's surgical history was not clearly indicated in the clinical notes. On 06/02/2014, the injured worker complained of bilateral shoulder pain. The physical exam was not clearly indicated in the clinical notes. The injured worker's medications included Mobic and ibuprofen with no dosage information available. The treatment plan consisted of the use of Orthovisc injections to the bilateral shoulders, 3 for each shoulder. A request was received for Orthovisc injections 15 mg/ml for bilateral shoulders, 3 for each shoulder. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections 15mg/ML for Bilateral Shoulders (3 for each shoulder): 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, Hyaluronic acid injections

Decision rationale: The request for Orthovisc Injections 15mg/ML for Bilateral Shoulders (3 for each shoulder) is not medically necessary. The Official Disability Guidelines do not recommend the use of hyaluronic acid injections based on recent research in the shoulder, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. Therefore, there is insufficient evidence to make an evidence based decision about the efficacy of the treatment. Additionally, the clinical notes failed to document any physical exam findings for the date of 06/02/2014, to warrant the use of any treatment options. Moreover, in spite of the injured worker's ongoing complaints of bilateral shoulder pain, the request is not supported. Therefore, due to lack of support for the use of Orthovisc injections by the guidelines, the request for Orthovisc injections 15mg/ML for bilateral shoulders (3 for each shoulder) is not medically necessary.