

Case Number:	CM14-0018409		
Date Assigned:	04/18/2014	Date of Injury:	04/19/2009
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/13/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma 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 reported injury on 04/19/2009. The mechanism of injury was the injured worker was riding a horse that had a habit of pulling its head to the ground and on that day, the horse pulled his head to the ground and then yanked his head again, causing the injured worker's right shoulder to be jerked sharply. The injured worker had an Orthovisc supplementation in 3 part series for the right shoulder in 02/2013 and a Synvisc-One injection in the right shoulder in 11/2012. The documentation of 01/02/2014 revealed the injured worker continued to have occasional stiffness, achiness, and pain involving the right shoulder. It was indicated the injured worker had overall improvement as he was undergoing a course of physical therapy that improved motion and strength. The diagnoses included industrial injury to the right shoulder on 04/19/2009 and status post right shoulder total arthroplasty on 07/16/2013. The treatment plan included continuing with ice, anti-inflammatories, and self-directed stretching and strengthening exercises. There was no DWC Form RFA or PR-2 submitted requesting the Orthovisc for the left shoulder under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC LEFT SHOULDER UNDER FLOUROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, 16th Edition, 2012 Updates; Shoulder; Viscosupplementation/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 Chapter, Hyaluronic Acid Injections.

Decision rationale: Official Disability Guidelines do not recommend hyaluronic injections for the shoulder. They further indicate it was formally under study as an option for glenohumeral joint osteoarthritis, but is not recommended for rotator cuff tear or adhesive capsulitis. The clinical documentation indicated the injured worker had previously received Orthovisc injections on the right shoulder. There was a lack of documentation of objective functional benefit that was received and an objective decrease in pain due to the injections. The clinical documentation submitted for review failed to provide documentation of a rationale for the requested service. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the quantity of Orthovisc injections being requested. Given the above, the request for Orthovisc left shoulder under fluoroscopic guidance is not medically necessary.