

Case Number:	CM14-0122871		
Date Assigned:	08/08/2014	Date of Injury:	02/01/2012
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 Orthopedic Surgery 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 claimant is a 61-year-old gentleman who was injured in work related accident on 02/01/12, sustaining an injury to the left shoulder. Records indicate following a course of conservative care, a left shoulder rotator cuff with mesh augmentation, bicep tenodesis and decompressive procedure took place on 06/20/13. This was followed by a right shoulder arthroscopy of rotator cuff repair in November, 2013. Specific to the claimant's left shoulder, there is documentation of continued complaints of pain for which a postoperative MR arthrogram showed prior rotator cuff repair with full thickness defect of the supraspinatus with atrophy, mild AC joint hypertrophy and osteoarthritic change to the glenohumeral joint. Follow up report of 07/16/14 indicating claimant was with continued pain complaints with current working diagnosis of advanced glenohumeral joint degenerative change, a course of viscosupplementation to the shoulder was recommended for further treatment. Prior review of clinical records indicates that this individual is with no indication of recent corticosteroid injection to the glenohumeral joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gel One injection under ultrasound guidance to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Hyaluronic acid injections Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure Hyaluronic acid injections.

Decision rationale: When looking at Official Disability Guidelines criteria, while viscosupplementation can be utilized for degenerative joint disease to the glenohumeral joint, it is typically reserved for individuals that have failed conservative care including first line treatment such as corticosteroid injections. Records for review in this case fail to demonstrate recent corticosteroid injectable to the glenohumeral joint. Without documentation of the above, the request for visco procedure to the shoulder would not be considered medically necessary.