

Case Number:	CM14-0143883		
Date Assigned:	09/12/2014	Date of Injury:	06/05/1996
Decision Date:	11/07/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55 years old female with an injury date on 06/05/1996. Based on the 08/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Left shoulder pain with presumed mild lateral subacromial impingement and probable early glenohumeral arthritis with previously favorable response to intra-articular hyaluronic acid injections. 2. Right wrist pain and suspected early radioscaphoid arthritis. According to this report, the patient complains of left shoulder pain. Mild discomfort is noted with Neer and Hawkins impingement maneuvers. Left shoulder range of motion reveals adduction/forward flexion at 170 degrees, external rotation at 75 degree, and internal rotation is to L1. Patient's surgical history includes bilateral capal melleolus, lateral epicondylitis, and subacromial decompression; dates of this procedure were not included in the report. There were no other significant findings noted on this report. The utilization review denied the request on 08/26/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three ultrasonically guided orthovisc injections, left glenohumeral joint: 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 chapter under Orthovisc injections

Decision rationale: According to the 08/13/2014 report by [REDACTED] this patient presents with left shoulder pain. The patient reports that the previous "intra-articular hyluronic-acid injection were helpful and she noted improved left shoulder pain following the injections." The treating physician is requesting three ultrasonically guided Orthovisc injections to the left Glenohumeral joint x3. Regarding Orthovisc injections of the shoulder, ODG guidelines state "Not recommended, 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." This request is not medically necessary.