

Case Number:	CM14-0145682		
Date Assigned:	09/12/2014	Date of Injury:	04/29/2005
Decision Date:	12/31/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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:

This injured worker sustained an injury on 4/29/05 while employed by [REDACTED]. Request(s) under consideration include Orthovisc Injection, 1 x 4, to the Right Shoulder. Diagnoses include s/p right shoulder arthroscopic rotator cuff surgeries in 2005 and 2006. The injured worker continues to treat for chronic ongoing shoulder complaints. Conservative care has included medications, therapy, injection, and modified activities/rest. Report of 7/19/14 from the provider noted the injured worker with ongoing right shoulder pain. MRI of the right shoulder showed massive rotator cuff tear. Exam showed right shoulder with limited range with forward flexion/ ER/ IR of 120/ 40 degrees and mid-lumbar; with 3/5 strength. The request(s) for Orthovisc Injection, 1 x 4, to the Right Shoulder was non-certified on 8/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection, 1 x 4, to the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, page 919

Decision rationale: ODG states that hyaluronic acid injections may be a "safe and effective alternative to other conservative methods; however, per recent meta-analysis, visco-supplementation had no effect on range of motion per trial with absence of long-term efficacy data." Additionally, Hyaluronic acid may be more effective than steroids as an option for glenohumeral joint osteoarthritis, but are not recommended for rotator cuff tear or adhesive capsulitis. Submitted reports have not demonstrated clear supportive findings of severe osteoarthritis for the injection request with MRI of the shoulder identifying massive rotator cuff tear with limited range and strength on exam. There was no indication for significant osteoarthritis. The request for Orthovisc Injection, 1 x 4, to the Right Shoulder is not medically necessary and appropriate.