

Case Number:	CM14-0157272		
Date Assigned:	09/30/2014	Date of Injury:	03/28/2011
Decision Date:	11/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/25/2014

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 & 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 59-year-old male with a date of injury of 03/28/2001. The listed diagnoses per [REDACTED] are status post cortisone injection and physical therapy with no relief, status post right shoulder diagnostic and operative arthroscopy on 10/04/2013 and status post Kenalog injection with subacromial space on 01/09/2014 and 05/22/2014. According to the most recent progress report dated 07/03/2014, the patient is status post right diagnostic and operative arthroscopy on 10/04/2013 and continues with some residual complaints. He has been undergoing a course of physical therapy and has had a Kenalog injection on January as well as May of 2014. The physician noted that injections were "very beneficial for the patient." Examination revealed well-healed arthroscopic portals, forward flexion and abduction of 70 degrees, internal rotation to L5, external rotation of 90 degrees, and strength is 4/5 in all planes. This is a request for fluoroscopically-guided Synvisc-One injection into the right shoulder. Utilization review denied the request on 09/05/2014. Treatment reports from 01/09/2014 through 07/03/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided Synvisc one injection into the right 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 (ODG-TWC)

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 has the following regarding hyaluronic acid injections

Decision rationale: This patient is status post right shoulder arthroscopy on 10/04/2013. The physician is requesting a fluoroscopically-guided Synvisc injection into the right shoulder x1. The ACOEM and MTUS Guidelines do not provide a discussion regarding Synvisc injections for the shoulder. ODG Guidelines under Shoulder Chapter has the following regarding hyaluronic acid injections, "Not recommended, based on research in the shoulder, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best." In this case, ODG Guidelines does not support hyaluronic acid injections for the shoulder. Recommendation is for denial.