

Case Number:	CM14-0174468		
Date Assigned:	10/27/2014	Date of Injury:	09/09/2006
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 9, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; and unspecified amounts of physical therapy. In a Utilization Review Report dated October 6, 2014, the claims administrator retrospectively denied a Supartz injection performed on September 15, 2014. The claims administrator stated that the applicant had undergone a shoulder hemiarthroplasty surgery and had right shoulder calcific tendinitis present. The claims administrator seemingly suggested that the applicant had undergone a left shoulder hemiarthroplasty and had issues with right shoulder calcifying tendinitis. The applicant's attorney subsequently appealed; however, the documentation submitted on appeal comprised of an applicant deposition and historical Medical-legal Evaluations. The September 15, 2014 progress note on which the injection in question was performed was seemingly not incorporated into the Independent Medical Review packet. Other progress notes also made available to the claims administrator, including a July 18, 2014 progress note, were likewise not incorporated into the Independent Medical Review packet. In a June 20, 2013 Medical-legal Evaluation, it was acknowledged that the applicant was not working. Multifocal pain complaints were noted, including right and left shoulder pain complaints. The applicant had undergone multiple left shoulder surgeries, it was noted, and had developed reactive complaints of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Supartz injection right shoulder (DOS: 9/15/2014): 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 ACOEM Practice Guidelines, Third Edition, Shoulder Chapter, Viscosupplementation Injections section.

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Shoulder Chapter notes that there is no recommendation for or against usage of viscosupplementation injections for the treatment of chronic rotator cuff tendinopathies and also note that intra-articular viscosupplementation injections are recommended for the treatment of shoulder osteoarthritis, in this case, however, it was not clearly stated what was suspected. It was not clearly stated what was present. The clinical progress note on which the injection in question was performed was not incorporated into the IMR packet. The information which is on file failed to support or substantiate the request. Therefore, the request was not medically necessary.