

Case Number:	CM14-0185831		
Date Assigned:	11/13/2014	Date of Injury:	05/11/2011
Decision Date:	12/22/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehabilitation & Pain Management 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 62 year old male with an injury date on 05/11/2011. Based on the 09/26/2014 progress report provided by the treating physician, the diagnosis is: 1. Osteoarthritis, unspecified whether generalized or localized, involving shoulder region. According to this report, the patient complains of "intermittent pain and stiffness in the shoulder." Physical exam reveals persistent stiffness and pain with range of motion. There is grinding with range of motion. Neer's and Hawkin's test are positive. There were no other significant findings noted on this report. The utilization review denied the request on 10/09/2014. The requesting provider provided treatment reports from 03/28/21014 to 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Snyvisc Injection with Ultrasound Guidance; three times: 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), Shoulder Chapter; Hyaluronic acid injections.

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

for Hyaluronic Acid Injections and on (<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>).

Decision rationale: According to the 09/26/2014 report, this patient presents with intermittent pain and stiffness in the shoulder." The treating physician is requesting Left shoulder snyvisc injection with ultrasound guidance; three times. Regarding Hyaluronic injection, MTUS and ACOEM do not discuss;however, ODG Guidelines states "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." Given the lack of the guidelines support, the request is not medically necessary.