

Case Number:	CM14-0086140		
Date Assigned:	07/23/2014	Date of Injury:	04/19/2009
Decision Date:	09/18/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 Montana. 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 injured worker sustained an injury on 4/19/09. He is status post right shoulder arthroplasty on 7/16/13 with complications of atrophy, weakness and decreased motion. The left shoulder is status post diagnostic and operative arthroscopy on 1/13/12. MRI of the left shoulder in August 2012 showed degenerative chondromalacia with tendinopathy. The medical records do show that he had viscosupplementation injections in the left shoulder in 2012 and 2013 with some benefit. Steroid injections in the left shoulder have provided only minimal temporary relief. On 3/4/14 peer review did authorize a series of 3 viscosupplementation injections for the left shoulder. These have not been accomplished since the requesting provider has requested fluoroscopic guidance for those procedures. Fluoroscopic guidance was requested secondary to severe osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder-Orthovisc Injection Under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official Disability Guidelines.

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 INJECTION.

Decision rationale: The ODG guideline states that Orthovisc (hyaluronic acid) injectons are 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. Hyaluronic acid injection was formerly under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. The osteoarthritis recommendation was downgraded based on recent research which concludes that any clinical improvement attributable to hyaluronic acid injections is likely small and not clinically meaningful. The guidelines do not address the need for fluoroscopic guidance for the procedure. The request for left shoulder Orthovisc injection under fluoroscopic guidance is not medically necessary.