

Case Number:	CM14-0088783		
Date Assigned:	07/23/2014	Date of Injury:	08/13/2003
Decision Date:	08/27/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 is a 71-year-old gentleman who was reportedly injured on August 13, 2003. The mechanism of injury is noted as cumulative trauma. The most recent progress note dated May 13, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated decreased right shoulder range of motion with forward flexion to 130 and abduction to 110. There was muscle strength of 4/5 with supraspinatus testing. Diagnostic imaging studies noted grade 4 osteoarthritis of the right shoulder. Synvisc viscosupplementation was recommended for the right shoulder. Request was made for a Synvisc injection for the right shoulder and a cold therapy unit and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One to R 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) Shoulder Chapter.

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, Updated July 29, 2014.

Decision rationale: According to the Official Disability Guidelines Visco supplementation with hyaluronic acid injections is not recommended for the shoulder. It is stated that based on recent research its use for osteoarthritis has been downgraded. Therefore this request for Synvisc One for the right shoulder is not medically necessary.

Cold Therapy Unit: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy, Updated July 29, 2014.

Decision rationale: According to the Official Disability Guidelines the use of a cold therapy unit is recommended as an option after surgery for seven days time but not for nonsurgical treatment. Therefore this request for a cold therapy unit is not recommended.