

Case Number:	CM14-0094178		
Date Assigned:	07/25/2014	Date of Injury:	07/26/2012
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/20/2014

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 Orthopedic Surgery and is licensed to practice in Indiana and Ohio. 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 member is an 80-year-old with right shoulder and upper right arm pain. The member initially underwent an open rotator cuff repair of the right shoulder in addition to an arthroscopic subacromial decompression, debridement of degenerative type II SLAP tear of the labrum and synovectomy on March 15, 2013; a shoulder manipulation under anaesthesia with an ultrasound guided cortisone injection on September 20, 2013; an MRI of the right shoulder indicating an intact rotator cuff repair, moderate articular surface fraying of the supraspinatus, moderate to severe glenohumeral joint osteoarthritis, and moderate glenohumeral joint synovitis on December 23, 2013; right shoulder x-rays revealing near end stage glenohumeral osteoarthritis on January 27, 2014, and a right shoulder subacromial bursal injection ultrasound guided cortisone injection on March 19, 2014. Because of continued pain and stiffness of the right shoulder, the treating physician has requested a series of three ultrasound guided Orthovisc injection of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder Orthovisc injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, 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 (Acute and Chronic), Hyaluronic Acid injections.

Decision rationale: 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. 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. Recent research: The latest UK Health Technology Assessment concludes that a small number of diverse studies of sodium hyaluronate were identified, all of which may have had a high risk of bias. There was insufficient evidence to make conclusions with any certainty about the effectiveness of sodium hyaluronate for the shoulder and in what situations it is likely to be effective. In this RCT with 300 patients there was no statistically significant difference in outcomes comparing sodium hyaluronate injection with saline injection for glenohumeral osteoarthritis. The request for right shoulder Orthovisc injections is not medically necessary or appropriate.

Orthovisc for three injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, 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 (Acute and Chronic), Hyaluronic acid injections.

Decision rationale: Recent research: The latest UK Health Technology Assessment concludes that a small number of diverse studies of sodium hyaluronate were identified, all of which may have had a high risk of bias. There was insufficient evidence to make conclusions with any certainty about the effectiveness of sodium hyaluronate for the shoulder and in what situations it is likely to be effective. In this RCT with 300 patients there was no statistically significant difference in outcomes comparing sodium hyaluronate injection with saline injection for glenohumeral osteoarthritis. The request for Orthovisc for three injections is not medically necessary or appropriate.

Ultrasound 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, Integrated Treatment/Disability Duration Guidelines, 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 (Acute and Chronic), Hyaluronic Acid Injections.

Decision rationale: Since the primary procedures are not medically necessary, none of the associated services are medically necessary.