

<b>Case Number:</b>	CM14-0101736		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/21/2006
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Utah, Arkansas

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48-year-old male sustained a work-related injury on 6/21/2006. The documentation did not include the specific injury or its cause. The Request for Authorization states his diagnosis is osteoarthritis of the shoulder. He reports severe bilateral shoulder pain that interferes with sleep. Previous treatment includes Norco, non-steroidal anti-inflammatory drugs (NSAIDs), steroid injection and viscosupplementation. The treating provider requests Orthovisc injections to bilateral shoulders x three. The Utilization Review on 6/27/2014 non-certified Orthovisc injections to bilateral shoulders x three, citing Official Disability Guidelines Treatment in Worker's Compensation (ODG-TWC), Shoulder Procedure Summary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections to bilateral shoulders times 3.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Shoulder Procedure Summary last updated 4/25/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Synvisc Injection Hyaluronic Acid Injections.

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Synvisc Injection of the shoulder. The ODG guidelines for Hyaluronic Acid injections state it is not recommended for the shoulder. According to the clinical documentation provided and current guidelines; a Synvisc Injection of the shoulder, bilaterally, is not indicated as a medical necessity to the patient at this time.