

Case Number:	CM14-0188662		
Date Assigned:	11/19/2014	Date of Injury:	09/21/2013
Decision Date:	05/11/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 68-year-old female, with a reported date of injury of 09/21/2013. The diagnoses include status post left shoulder rotator cuff repair with subacromial decompression, persistent arthralgia and weakness of the left shoulder, and rule out failed repair of left shoulder rotator cuff repair. Treatments to date included physical therapy, left shoulder arthroscopy and medications. The physical therapy report dated 10/09/2014 indicates that the physical therapist noticed some improvement in the left shoulder, but it was still painful. The injured worker had a follow-up appointment with her physician on 10/08/2014 and injections were recommended for pain resolution. The objective findings included crepitation, scapular retraction, depression, isometric external rotation and internal rotation. Ice and stimulation was provided after fifteen minutes. It was noted that the injured worker had limited range of motion and function. The medication listed is Hydrocodone/APAP. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested hyaluronic acid (HA) injections into the glenohumeral joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided HA injections into Glenohumeral joint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterShoulder.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized in the treatment of joint pain when conservative treatments with medications and PT have failed. The records show that the patients have completed shoulder surgery, PT and medications. There is lack of guidelines recommendation for the use of hyaluronic acid injections in any joint other than the knees. The criteria for Ultrasound guided hualuronic acid injection to the glenoid-humeral joint was not met.