

Case Number:	CM14-0189964		
Date Assigned:	11/21/2014	Date of Injury:	08/07/2011
Decision Date:	04/14/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/13/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old male who reported an injury on 08/07/2011. The mechanism of injury was not specifically stated. The current diagnosis is right shoulder pain. On 10/03/2014, the injured worker presented for a follow-up evaluation with a chief complaint of right shoulder pain. It was noted that the injured worker was status post a third viscosupplementation injection to the right shoulder. Upon examination, there was 120-degree elevation, neutral external rotation, and internal rotation to the buttock region. The injured worker was utilizing Norco on a daily basis. The provider indicated that he would re-evaluate the injured worker in 6 months for a repeat series of injections. A Request for Authorization form was then submitted on 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections right shoulder (quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Shoulder pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines do not recommend hyaluronic acid injections for the shoulder, based on recent research. Several recent quality studies in the knee show that the magnitude of improvement appears modest. However, hyaluronic acid injections are not recommended for the shoulder. They were formally under study as an option for glenohumeral joint osteoarthritis but not recommended for rotator cuff tear or adhesive capsulitis. In this case, the injured worker does not maintain a diagnosis of glenohumeral joint osteoarthritis. There was no documentation of significant functional improvement following the initial series of injections. It is also noted that the injured worker was treated with Orthovisc injections in 01/2014 as well. As the Official Disability Guidelines do not recommend hyaluronic acid injections for the shoulder, the current request is not medically appropriate. The request as submitted also failed to indicate a specific quantity of injections. Given the above, the request is not medically appropriate.