

<b>Case Number:</b>	CM14-0196103		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 59 year old male, who sustained an industrial injury on 3/28/2011. Diagnoses include osteoarthritis of the right shoulder. Treatment to date has included right shoulder diagnostic and operative arthroscopy (10/04/2013), cortisone injection, rest, ice, physical therapy, work restrictions and Kenalog injection. Per the Primary Treating Physician's Progress Report dated 10/20/2014, the injured worker reported increasing pain in the right shoulder. Physical examination revealed well healed arthroscopic portals. Forward flexion and abduction to 170 degrees, internal rotation is to L5 and external rotation is to 85 degrees. Strength is noted to be 4/5 in all planes. The plan of care included injections and an authorization was requested for Synvisc injection under fluoroscopic guidance for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synisc one injection under fluoroscopic guidance for right shoulder x 1: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - shoulder, synvisc.

**Decision rationale:** The medical records report pain in the shoulder with documented findings of osteoarthritis but does not demonstrate a history of failure of intrarticular steroid injections. ODG guidelines support synvisc for patients with osteoarthritis of the shoulders with demonstrated failure of conservative care including intraarticular steroids. As such, the medical records provided for review do not support synvisc injection congruent with ODG guidelines. The requested treatment is not medically necessary.