

Case Number:	CM14-0198377		
Date Assigned:	12/08/2014	Date of Injury:	05/02/2011
Decision Date:	03/30/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 year old male injured worker suffered an industrial injury on 5/2/2011. The diagnosis was glenohumeral osteoarthritis to the left shoulder. The diagnostic studies were magnetic resonance imaging of the left shoulder. The treatments were medications, physical therapy, left shoulder arthroscopy 5/6/2012. The treating provider reported pinpoint tenderness with audible crunching with forward flexion. The Utilization Review Determination on 11/11/2014 non-certified Monovisc injections under fluoroscopic guidance left shoulder, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc injection under fluoroscopic guidance left shoulder: Upheld

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

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

Decision rationale: The Official Disability Guidelines state that hyaluronic injections to the shoulder are for patients who experience significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments. There should also be evidence that the patient failed to adequately respond to aspiration and injection of intraarticular steroids. Repeat series of injections may be recommended if there is documented significant improvement in symptoms for 6 months or more and symptoms reoccur. The medical records do not support failure of corticosteroid injections in the shoulder and as such does not support monovisc injection for the shoulder.