

Case Number:	CM14-0094989		
Date Assigned:	07/23/2014	Date of Injury:	06/21/2006
Decision Date:	03/19/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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:

The injured worker is a 48 year old male, who sustained an industrial injury on June 2, 2006. He has reported bilateral shoulder pain. The diagnoses have included right shoulder arthritis and left shoulder arthritis. Treatment to date has included viscosupplementation with good effect and oral medication. Currently, the IW complains of bilateral shoulder pain crepitus on left. Treatment includes oral medication. Plan is to forgo surgery as long as possible due to the injured worker being very active and the probability of need for repeated surgeries if done now. On May 16, 2014 utilization review non-certified a request for Orthovisc injection-bilateral shoulders, noting treatment is not recommended. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection-Bilateral Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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.