

Case Number:	CM15-0002947		
Date Assigned:	01/13/2015	Date of Injury:	07/09/2001
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old man sustained an industrial injury on 7/9/2001 to the right shoulder while pulling a pin on a truck. The mechanism of injury is not detailed. Current diagnoses include cervical strain, lumbar strain, bilateral TMJ dysfunction, and right shoulder strain. Evaluations include x-rays of the right shoulder dated 11/3/2014, showing degenerative changes and a right shoulder MR arthrogram dated 7/21/2014 showing arthritis with thinning, tendinosis of the rotator cuff and a partial thickness tear. Treatment has included oral medications, home exercise program and stretching, and surgical intervention. Physician notes dated 11/4/2014 show an assessment that is believed to be end stage arthritis with partial thickness rotator cuff tear and inflammation. The worker received a cortisone injection. Further recommendations include arthroscopic evaluation or arthroplasty if indicated. On 12/12/2014, Utilization Review evaluated a prescription for orthovisc injections 1X4 for the right shoulder that was submitted on 1/6/2015. The UR physician noted that the synvisc injections were deemed effective and well tolerated for the treatment of osteoarthritis, but not rotator cuff or adhesive capsulitis. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections 1 x 4 - right 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 (ODG) Shoulder Chapter, Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthovisc, DePuy Mitek Inc. <http://www.orthovisc.com/orthovisc>. Accessed on 03/03/2015. Roberts Jr WN, et al. Intraarticular and soft tissue injections: What agent(s) to inject and how frequently, Topic 7985, version 12.0. UpToDate, accessed on 03/13/2015. Kalunian KC, et al. Treatment of osteoarthritis resistant to initial pharmacologic therapy. Topic 16698, version 12.0. UpToDate, accessed on 03/03/2015.

Decision rationale: Orthovisc (high molecular weight hyaluronan) is a medication in the hyaluronic acid derivative class that can be injected into joints. The MTUS Guidelines are silent on this issue. The literature supports its use in the treatment of osteoarthritis in the knee when symptoms have not improved despite treatment with acetaminophen with non-steroidal anti-inflammatory drugs and with glucocorticoids injected into the knee or these treatments were not tolerated. The goal of therapy is improved pain intensity and/or function. This medication is FDA-approved for weekly injections for three to four weeks. There is limited literature describing the safety, efficacy, and ideal frequency of treating with repeated series of injections. The submitted and reviewed documentation indicated the worker was suffering from end-stage arthritis in the right shoulder with a partial thickness rotator cuff tear and inflammation. There was no discussion detailing special circumstances that supported this request. In the absence of such evidence, the current request for four Orthovisc injections into the right shoulder is not medically necessary.