

Case Number:	CM15-0149315		
Date Assigned:	08/12/2015	Date of Injury:	07/09/2001
Decision Date:	09/15/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 61 year old man sustained an industrial injury on 7-9-2001. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 12-6-2012 and cervical spine CT scans dated 4-12-2013 and 6-3-2013. Diagnoses include cervical spine strain with multiple disc protrusions and bulging, lumbar spine strain, bilateral temporomandibular joint dysfunction, and residual right shoulder strain status post surgery. Treatment has included oral medications, home exercise program, and surgical intervention. Physician notes dated 6-12-2015 show complaints of cervical spine pain rated 6 out of 10 with associated headaches, right shoulder pain rated 6 out of 10, lumbar spine pain rated 0 out of 10, temporomandibular joint pain, and mid back pain. Recommendations include orthopedic consultation, Norco, ibuprofen, Omeprazole, Flexeril, orthovisc injections, continue home exercise program, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection x 1 for the 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 Official Disability Guidelines (ODG) Shoulder, Hyaluronic Acid.

Decision rationale: Per the ODG guidelines: Not recommended, based on recent research in the shoulder, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. Was formerly under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. The osteoarthritis recommendation was downgraded based on recent research below, plus recent research in the Knee Chapter, the primary use for Hyaluronic acid injections, which concludes that any clinical improvement attributable to hyaluronic acid injections is likely small and not clinically meaningful. An earlier RCT of sodium hyaluronate in 666 patients concluded that the primary end point of the study (improvement in terms of shoulder pain at thirteen weeks) was not achieved, but the overall findings, including secondary end points, indicated that sodium hyaluronate was effective and well tolerated for the treatment of osteoarthritis, but not rotator cuff tear or adhesive capsulitis. (Blaine, 2008) This meta-analysis concluded that, for treatment of chronic painful shoulder, hyaluronate injections are a safe and effective alternative to other conservative methods. The analysis suffered from low methodological reporting quality of the trials and from an absence of long-term efficacy data. (Saito, 2010) Recent research: The latest [REDACTED] Assessment concludes that a small number of diverse studies of sodium hyaluronate were identified, all of which may have had a high risk of bias. There was insufficient evidence to make conclusions with any certainty about the effectiveness of sodium hyaluronate for the shoulder and in what situations it is likely to be effective. (Maund, 2012) In this RCT with 300 patients there was no statistically significant difference in outcomes comparing sodium hyaluronate injection with saline injection for glenohumeral osteoarthritis. (Kwon, 2013). Therefore this request is not medically necessary.