

Case Number:	CM15-0149477		
Date Assigned:	08/12/2015	Date of Injury:	07/14/2014
Decision Date:	09/14/2015	UR Denial Date:	07/30/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 46-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 14, 2014. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve a request for viscosupplementation injection therapy for the shoulder. Non-MTUS ODG Guidelines were invoked in conjunction with a July 24, 2015 RFA form. The applicant's attorney subsequently appealed. On said July 24, 2015 RFA form, Orthovisc (viscosupplementation injections) were sought for reported shoulder arthritis. In an associated progress note of June 19, 2015, the applicant reported ongoing complaints of left shoulder pain. It was stated that the applicant had significant glenohumeral joint arthritis. Limited shoulder range of motion with flexion to 120 degrees was evident. The claimant was given a rather permissive 40-pound lifting limitation, although it is not clear whether the applicant's employer was or was not able to accommodate said limitations. Viscosupplementation injection therapy for the applicant's shoulder arthritis was sought on the grounds that the applicant was too young to be a candidate for a total shoulder replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections, once weekly, left shoulder QTY: 4.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 194.

Decision rationale: Yes, the request for four (4) Orthovisc (viscosupplementation) injections was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Shoulder Chapter notes that intra-articular glenohumeral viscosupplementation injections are recommended in the treatment of shoulder arthritis, as was reportedly present here on or around the date in question, June 19, 2015. The attending provider posited that the applicant's relative youth (age 46) suggested that the applicant was not a candidate for a total shoulder replacement procedure. Moving forward with what was framed as a first-time request for viscosupplementation (Orthovisc) injection therapy was, thus, indicated. Therefore, the request was medically necessary.