

Case Number:	CM15-0162391		
Date Assigned:	08/28/2015	Date of Injury:	08/21/2011
Decision Date:	09/30/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male who sustained an industrial injury on 08-21-2011. Mechanism of injury was not found in documentation presented for review. Diagnoses include arthropathy of the shoulder, bursitis and tendinitis of the shoulder, traumatic arthritis of the right shoulder. Treatment to date has included diagnostic studies, medications and injections. An unofficial Magnetic Resonance Imaging of the left shoulder shows severe degenerative changes in the joint before meals joint arthropathy as well as glenohumeral arthrosis. He is retired from the fire department. A Magnetic Resonance imaging of the right shoulder done on 05-12-2015 revealed severe coracoclavicular and glenohumeral degenerative joint disease; moderate to severe rotator cuff tendinopathy without evidence of tear, and diffuse labral degeneration and maceration. A physician progress note dated 05-26-2015 documents the injured worker continues to have constant right shoulder pain with joint stiffness. On examination, there is diffuse tenderness and restricted range of motion of the left shoulder. There is slightly decreased strength. Impingement is present, along with crepitus. Neer sign, Hawkins test is positive and there is a positive supraspinatus test along with a positive left lift-off noted. Treatment requested is for 5 weekly Supartz injections with ultrasound guidance for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 weekly Supartz injections with ultrasound guidance 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).

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 injections, page 919.

Decision rationale: ODG states that Hyaluronic acid injections may be a safe and effective alternative to other conservative methods; however, per recent meta-analysis, viscosupplementation had no effect on range of motion per trial with absence of long-term efficacy data. Additionally, Hyaluronic acid was shown to have no statistically significant difference when compared to saline injections for glenohumeral joint osteoarthritis, and are not recommended for rotator cuff tear or adhesive capsulitis. Submitted reports have not demonstrated clear supportive findings of severe osteoarthritis or extenuating circumstances to support the injection request beyond guidelines criteria. The 5 weekly Supartz injections with ultrasound guidance for the right shoulder is not medically necessary and appropriate.