

Case Number:	CM15-0185414		
Date Assigned:	09/25/2015	Date of Injury:	09/02/2011
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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: New Jersey

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 53 year old female, who sustained an industrial injury on 09-02-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for acute cervical strain, acute lumbar strain, and severe frozen right shoulder. Medical records (04-08-2015 to 06-04-2015) indicate ongoing pain in the neck, thoracic spine, mid and lower back, and right shoulder pain and stiffness. The right shoulder pain levels were initially rated 8-9 out of 10 on a visual analog scale (VAS) which becomes greater than 9 out of 10 with prolonged neck rotation or any heavy lifting above the shoulder level with the right upper extremity. However, later reports showed pain levels decreased to 4-5 out of 10 at times. Pain is improved with ice and heat, rest, sleep, electrical stimulation, and medications. Later progress notes began reporting new complaints of popping, clicking, grinding, locking, weakness, swelling and redness. Records did not consistently address activity levels or level of function; however, it was noted that the IW had not returned to work as of 06-04-2015. The physical exam, dated 06-04-2015, revealed decreased range of motion in the right shoulder, tenderness and hypertonicity of the trapezius muscles, positive Hawkin's, Speed's, Yergason's and Neer's signs, and decreased strength in flexion and extension as well as abduction and external rotation. Although these findings were more detailed, these were similar findings noted on the PR dated 05-08-2015. Relevant treatments have included right shoulder surgery (including labral debridement, chondroplasty, rotator interval release, capsular release, subacromial bursectomy and gentle manipulation) in 06-2014, physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that electrodiagnostic and nerve conduction studies were completed and showed no evidence of active or chronic nerve denervation, motor radiculopathy, mononeuropathy, peripheral neuropathy or plexopathy. A MRI of the right shoulder was also reported to have

shown an old labral tear with adjacent small paralabral cyst inferiorly, moderate osteoarthritis, and an old Neer probably two-part proximal humeral fracture. The request for authorization (08-12-2015) shows that the following services were requested: Orthovisc or Euflexxa Intra-articular injection once daily weekly for 3 weeks to the right shoulder. The original utilization review (08-19-2015) non-certified the request for Orthovisc or Euflexxa Intra-articular injection once daily weekly for 3 weeks to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc or Euflexxa Intra-articular injection Once Daily weekly for 3 weeks to the right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 injections.

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the shoulder. The ODG, however, states that hyaluronic acid injection to the shoulder are not recommended, based on recent research in the shoulder. These injections were formerly under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. But, the osteoarthritis recommendation was downgraded based on recent research showing only minimal results for knee osteoarthritis. In the case of this worker, hyaluronic acid injections (x3) were recommended for the right shoulder. However, as the Guidelines and evidence do not support this procedure for the shoulder, especially for frozen shoulder and rotator cuff dysfunction. Therefore, this request will be considered medically unnecessary at this time.