

Case Number:	CM15-0189167		
Date Assigned:	10/01/2015	Date of Injury:	07/26/2012
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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 52 year old male who sustained an industrial injury on 07-26-2012. Medical records indicated the worker was treated for right shoulder glenohumeral osteoarthritis, adhesive capsulitis of shoulder and a full thickness rotator cuff tear. A series of synvisc injections were started 01-15-2015. In provider notes of 08-24-2015, the worker reported that the shoulder was "doing well" after the Orthovisc injection given on 02-13-2015. According to the worker, the medication decreased his right shoulder pain for greater than 5 months. The shoulder pain is returning and he is currently taking daily Motrin. The worker has had right shoulder rotator cuff repair 03-15-2013, and right shoulder manipulation on 09-20-2013. On exam of the right shoulder, he has a well-healed incision, mild crepitation with range of motion, good cuff strength, and a non-tender AC joint. The plan is for a repeat Orthovisc injection in the right glenohumeral joint. He is working full duty. A request for authorization was submitted for Right shoulder ultrasound guided orthovisc injections x 3. A utilization review decision 09-16-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder ultrasound guided orthovisc injections x 3: 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, visco-supplementation had no effect on range of motion per trial with absence of long-term efficacy data. 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 for the injection request s/p rotator cuff repair and manipulation with exam findings of only mild crepitation with range with good strength and non-tender AC joint. There was no indication for significant osteoarthritis. The right shoulder ultrasound guided orthovisc injections x 3 is not medically necessary and appropriate.