

<b>Case Number:</b>	CM15-0196906		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Arizona, California

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:

This is a 62 year old male who sustained an industrial injury on 9-23-2010. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder joint pain. According to the progress report dated 1-19-2015, the injured worker complained of left shoulder pain. The physical exam (1-19-2015) revealed, "He elevates to about 140, abducts to about 90 degrees, externally rotates to 45 and internally rotates to upper lumbar spine. Belly press, he had burning pain posterior scapula." Treatment has included medication (Tylenol #4). The treatment plan (1-19-2015) was for viscosupplementation and pain management. The request for authorization dated 9-3-2015 included Orthovisc and Euflexxa injection left shoulder. The original Utilization Review (UR) (9-16-2015) denied a request for Orthovisc-Euflexxa left shoulder injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc/Euflexxa left shoulder injection times 3 series:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, pg 17.

**Decision rationale:** According to the guidelines, hyaluronic acid injections are not recommended for the shoulder due to lack of evidence to that compared to knee injections. It is indicated for knee arthritis. The claimant had shoulder chondromalacia. The request for the Orthovisc injection is not indicated and is not medically necessary.