

Case Number:	CM15-0206096		
Date Assigned:	10/22/2015	Date of Injury:	02/19/2013
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female, who sustained an industrial injury on 2-19-2013. Medical records indicate the worker is undergoing treatment for osteoarthritis. A recent progress report dated 9-29-2015, reported the injured worker presented for her fourth and final Orthovisc injection into her right shoulder and is requesting the injections to her left shoulder. She had left shoulder injections in March of 2014, but had noticed increased stiffness and crepitation and feels like the prior injections have worn off. Physical examination revealed no left shoulder effusion, in duration or erythema and the injured worker can elevate forward 125 degrees with crepitation, externally rotate to 60 degrees and internally rotate to the mid lumbar level. Treatment to date has included Orthovisc injections to the bilateral shoulders, physical therapy and medication management. On 10-7-2015, the Request for Authorization requested Orthovisc injections to the left shoulder #4. On 10-13-2015, the Utilization Review noncertified the request for Orthovisc injections to the left shoulder #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections to the left shoulder Qty 4: Upheld

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

Decision rationale: Per the ODG guidelines: Not recommended, based on recent research in the shoulder, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. Was formerly under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. The osteoarthritis recommendation was downgraded based on recent research below, plus recent research in the Knee Chapter, the primary use for Hyaluronic acid injections, which concludes that any clinical improvement attributable to hyaluronic acid injections is likely small and not clinically meaningful. An earlier RCT of sodium hyaluronate in 666 patients concluded that the primary end point of the study (improvement in terms of shoulder pain at thirteen weeks) was not achieved, but the overall findings, including secondary end points, indicated that sodium hyaluronate was effective and well tolerated for the treatment of osteoarthritis, but not rotator cuff tear or adhesive capsulitis. (Blaine, 2008) This meta-analysis concluded that, for treatment of chronic painful shoulder, hyaluronate injections are a safe and effective alternative to other conservative methods. The analysis suffered from low methodological reporting quality of the trials and from an absence of long-term efficacy data. (Saito, 2010) Recent research: The latest UK Health Technology Assessment concludes that a small number of diverse studies of sodium hyaluronate were identified, all of which may have had a high risk of bias. There was insufficient evidence to make conclusions with any certainty about the effectiveness of sodium hyaluronate for the shoulder and in what situations it is likely to be effective. (Maund, 2012) In this RCT with 300 patients there was no statistically significant difference in outcomes comparing sodium hyaluronate injection with saline injection for glenohumeral osteoarthritis. (Kwon, 2013) As the requested treatment is not recommended, the request is not medically necessary.