

<b>Case Number:</b>	CM15-0208076		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/10/1999
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 70 year old male, who sustained an industrial injury on 4-10-1999. Diagnoses include degenerative joint disease of shoulder region, disorder of rotator cuff, subacromial impingement, status post three left shoulder surgeries, last completed in 2009 and labral tear per MRI. Treatments to date include activity modification, medication therapy, physical therapy, trigger point injections, and cortisone injection. On 6-4-15, he complained of ongoing left shoulder pain. The physical examination documented positive Hawkin's, Neer's, O'Brien's, Speed's and empty can tests. The MRI of the left shoulder, date unknown, revealed "3.5mm partial thickness intrasubstance tear of the distal supreapinatus and subacromial bursitis." The plan of care included viscosupplementation. The appeal requested authorization for Supartz injections 10mg-ML to the left shoulder, quantity five (5). The Utilization Review dated 10-14-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supartz injections 10 gm/ml- left shoulder Qty: 5: 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), Shoulder Chapter.

**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:** According to ODG Shoulder / Hyaluronic acid injections, hyalgan and viscosupplementation in the shoulder is "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)" In this case the use of hyaluronic acid for viscosupplementation in the shoulder is not recommended per ODG guidelines thus the recommendation is not medically necessary.