Case Number:	CM15-0212190		
Date Assigned:	11/02/2015	Date of Injury:	12/13/1982
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/28/2015

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, Hawaii
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:

This 56 year old man sustained an industrial injury on 12-13-1982. Diagnoses include surgical interventions to the low back, right knee, and bilateral shoulders. Treatment has included oral medications, Monovisc injection six months ago, and surgical intervention. Physician notes dated 9-2-2015 show complaints of increasing pain in the right shoulder. The physical examination shows numbness to the lateral aspect of the right shoulder, "hesitation" with right shoulder motion. Range of motion is noted to be abduction 90 degrees, forward flexion 90 degrees, and internal and external rotation caused pain. Recommendations include Kenalog injection that was administered during this visit. Utilization Review denied a request for Monovisc injection on 10-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Monovisc Injection to the right shoulder under fluoroscopic guidance: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder chapter, hyaluronic acid injections.

Decision rationale: The records indicate the patient has ongoing right shoulder pain dating back to a 1982 work related injury. The current request for consideration is 1 monovisc injection to the right shoulder under fluoroscopic guidance. I was able to locate an RFA dated 10/16/15 for this request. However, there was no accompanying progress report discussing this request found in the medical records provided. The CA MTUS is quiet on viscosupplementation injections and the ODG was consulted. The ODG had this to say: 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, plus 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. As such, the current request is not consistent with ODG guidelines and therefore is not medically necessary.