

Case Number:	CM15-0215150		
Date Assigned:	11/05/2015	Date of Injury:	11/17/2011
Decision Date:	12/23/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, 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 52 year old male with a date of injury of November 17, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for adhesive capsulitis of the right shoulder, impingement syndrome of the right shoulder, and primary osteoarthritis of the right shoulder. Medical records dated July 20, 2015 indicate that the injured worker complained of right shoulder soreness and tightening up at night. A progress note dated October 15, 2015 documented complaints of continued right shoulder pain that "Feels almost like it did before surgery". Per the treating physician (July 20, 2015), the employee was temporarily totally disabled. The physical exam dated July 20, 2015 reveals painful range of motion of the right shoulder, internal rotation contracture of the right shoulder, and decreased strength of the right shoulder supraspinatus with pain on isolation and loading. The progress note dated October 15, 2015 documented a physical examination that showed no changes since the examination performed on July 20, 2015. Treatment has included medications (Norco), home exercise, cortisone injection of the right shoulder, and right shoulder arthroscopies (2013 and 2015). The medication list includes Naproxen and Norco. The utilization review (October 28, 2015) non-certified a request for a series of five Supartz injections to the right shoulder. The patient had MRI of the right shoulder on 11/19/13 that revealed post surgical changes and supraspinatus tear. The patient's surgical history includes right shoulder surgery on 6/14/12, 3/12/13 and in 1996 and arthroscopic removal of loose bodies on 2/3/15. The patient has had history of heartburn and GERD. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Supartz Injections, Right Shoulder # 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).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/26/15) Hyaluronic acid injections.

Decision rationale: As per the ACOEM guidelines cited below, "Invasive techniques have limited proven value." In addition per the ODG, "Hyaluronic acid injections: 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 patient had diagnoses of adhesive capsulitis of the right shoulder, impingement syndrome of the right shoulder, and primary osteoarthritis of the right shoulder. The cited guideline does not recommend Hyaluronic acid injections for rotator cuff tear or adhesive capsulitis. Patient has received an unspecified number of PT visits for this injury. Response to previous conservative therapy was not specified in the records provided. The request for Series of Supartz Injections, Right Shoulder # 5 is not medically necessary or fully established in this patient.