

Case Number:	CM15-0215156		
Date Assigned:	11/05/2015	Date of Injury:	11/17/2011
Decision Date:	12/21/2015	UR Denial Date:	10/27/2015
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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old male injured worker suffered an industrial injury on 11-17-2011. The diagnoses included pain in the right shoulder, adhesive capsulitis, impingement syndrome and primary osteoarthritis of the right shoulder. Comorbid conditions include gastroesophageal reflux disease (GERD). The injured worker had right shoulder arthroscopic surgery on 2-3-2015. Prior treatments included 3 right shoulder surgeries with post-operative physical therapy, home exercise program and medication. In the progress note on 10-15-2015, the treating provider reported chronic right shoulder pain. The pain felt almost like it did prior to surgery. The injured worker continued to use Norco and Naproxen for pain, which decrease the pain and improve function, omeprazole for medication-induced dyspepsia, trazadone for sleep and Prozac for depression due to chronic pain. On exam, the right shoulder had limited range of motion and normal muscle tone. Muscle strength was 5/5 except supraspinatus muscle, which was 4/5 with pain on isolation and loading. The Plan included a request for visco supplementation for the right shoulder. Utilization Review on 10-27-2015 determined non-certification for Monovisc 88mg injection, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc 88mg injection, right shoulder: Overturned

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, 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 (Acute and Chronic)/Hyaluronic acid injections and Other Medical Treatment Guidelines American Academy of Orthopedic Surgeons Clinical Practice Guideline: Treatment of Glenohumeral Joint Osteoarthritis, December 4, 2009.

Decision rationale: Monovisc is a highly purified form of hyaluronic acid (HA) used for viscosupplementation of joints. Visco supplementation is a procedure in which hyaluronic acid is injected into the joint. Hyaluronic acid is a naturally occurring substance found in synovial (joint) fluid. The concept for its use is that since it acts as a lubricant for the joint, injecting more of it into the joint should enable smoother motion and improve the shock absorber effect for joint loads, thus decreasing the patient's pain. The MTUS does not comment specifically on visco supplementation, however, the American Academy of Orthopedic Surgeons reviewed the literature on this procedure and gave a limited recommendation for use of hyaluronic acid as an option for patients with symptomatic glenohumeral osteoarthritis. They noted the quality of the supporting evidence that exists for the effectiveness of visco supplementation of the glenohumeral joint is limited but at least one well-conducted study shows clear advantage to this therapy. The Official Disability Guidelines (ODG) do not recommend the use of hyaluronic acid injections as the limited studies available show only a modest magnitude of improvement. This patient has continued shoulder pain that has not improved with conservative therapy (physical therapy and medications) and after multiple shoulder surgeries. Injection of hyaluronic acid is a viable option in treatment as per the AAOS guideline noted above. The request is not medically necessary.