

Case Number:	CM15-0223352		
Date Assigned:	11/19/2015	Date of Injury:	07/21/2012
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59-year-old male who sustained an industrial injury on 7-21-2012 and has been treated for left shoulder and elbow symptoms. He is status post left shoulder arthroscopy 11-25-2013, and noted to have Grade 3 glenohumeral osteoarthritis. Diagnostic MRI 1-12-2015 showed Hill-Sachs lesion; anterior to posterior superior labral tear; and, he was diagnosed with a tear in the left elbow common extensor tendon. On 10-19-2015 the injured worker presented for an orthopedic re-evaluation for the left shoulder and elbow at which time the physician stated he was "still symptomatic" in the shoulder and was also experiencing left elbow discomfort and pain. Objective findings include left shoulder forward flexion and abduction at 0-165 degrees with stiffness and pain, and positive provocative Neer and Hawkins impingement signs. There was also left elbow tenderness with positive Tinell's sign, lateral epicondyle tenderness with palpation, full range of motion, and pain with resisted wrist extension. Documented treatment includes reference to previous acupuncture, cortisone injection, rest, ice, and Deuxis. Previous physical therapy or other treatments are not evidenced in the note. The physician states that the injured worker could be "a candidate" for diagnostic and operative arthroscopy revision, but due to glenohumeral osteoarthritis, labral reconstruction may not be an option. The treating physician's plan of care includes a left shoulder Monovisc injection, and 12 physical therapy sessions for the left shoulder and elbow. These were non-certified on 11-3-2015. The injured worker was noted to be working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc injection under fluoroscopic guidance, left shoulder: 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 chapter 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 & Chronic), Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in July 2012. His injury occurred when, while working an automatic guided vehicle robotic maintenance worker, he was attempting to loosen a trash bin and had sharp neck, bilateral shoulder, mid back, low back, chest, bilateral arm, left elbow, and bilateral hand and wrist. He underwent left shoulder arthroscopic surgery in November 2013 with findings of Grade 3 glenohumeral osteoarthritis. An MRI of the left shoulder in January 2015 included findings of a large Bankart lesion with complete breakdown and degeneration of the labrum and partial distal subscapularis tendon tear. He was seen regarding his left shoulder and left elbow in October 2015. He was continuing to be symptomatic. Physical examination findings included decreased left shoulder range of motion with stiffness and pain at the end ranges of motion and positive impingement testing. There was lateral epicondyle I'll tenderness with positive Tinel's testing. He had pain with resisted wrist extension. Authorization was requested for 12 sessions of physical therapy for the left shoulder and elbow and for a fluoroscopically guided Monovisc injection for the shoulder. Hyaluronic acid injections for the shoulder are not recommended with recent research which concluded that any clinical improvement attributable to Hyaluronic acid injections is likely small and not clinically meaningful. The requested Monovisc injection is not medically necessary.

Physical therapy, 12 sessions 2 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work injury in July 2012. His injury occurred when, while working an automatic guided vehicle robotic maintenance worker, he was attempting to loosen a trash bin and had sharp neck, bilateral shoulder, mid back, low back, chest, bilateral arm, left elbow, and bilateral hand and wrist. He underwent left shoulder arthroscopic surgery in November 2013 with findings of Grade 3 glenohumeral osteoarthritis. An MRI of the left shoulder in January 2015 included findings of a large Bankart lesion with complete breakdown and degeneration of the labrum and partial distal subscapularis tendon tear. He was seen regarding his left shoulder and left elbow in October 2015. He was continuing to be symptomatic. Physical examination findings included decreased left shoulder range of motion with stiffness and pain at the end ranges of motion and positive impingement testing. There was lateral epicondyle I'll tenderness with positive Tinel's testing. He had pain with resisted wrist extension. Authorization was requested for 12 sessions of physical therapy for the left shoulder and elbow and for a fluoroscopically guided Monovisc injection for the shoulder. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for

chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. Additionally, he has advanced osteoarthritis of the shoulder and decreased range of motion with pain, and end range likely represents the severity of his underlying condition and his impairments are not likely to change with physical therapy treatments. The request is not medically necessary.