

<b>Case Number:</b>	CM14-0118619		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/21/2003
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 an 85 year old female with an industrial injury dated 06/11/11. An exam note of 05/22/14 states the patient returns with left shoulder and knee pain. Conservative treatments have included bracing, medication, physical therapy, and activity modification. Upon physical exam there was evidence of tenderness surrounding the left shoulder. Range of motion of the left shoulder was noted as a forward elevation of 85', 10' external rotation, and 10' internal rotation. The patient had a 4/5 motor strength. She completed a positive bell press test and a positive lift-off test. There was varicose veins visible surrounding the bilateral knees. There was valgus alignment deformity present along with tenderness. Range of motion for the knees was noted as 0'-120'. Digital image of the left shoulder demonstrates osteoarthritis, with no remaining joint space and bone on bone articulation. The imaging of the knees reveals degenerative joint disease with significant valgus alignment. The current treatment includes hyaluronic acid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc One - 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Viscosupplementation

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of viscosupplementation for the shoulder. According to the ODG Shoulder section, Viscosupplementation, "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." Therefore the request is not medically necessary.