

Case Number:	CM14-0162155		
Date Assigned:	10/07/2014	Date of Injury:	02/16/2002
Decision Date:	12/17/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/16/02 while working as a coach operator. She has undergone three right shoulder arthroscopic surgeries with the last performed in 2010. Treatments have included physical therapy and injections. An MRI scan of the right shoulder in July 2014 had shown post surgical changes and findings of chronic synovitis and degenerative osteoarthritis with chondromalacia. She was seen by the requesting provider on 08/26/14. She was having constant pain. She was concerned about being able to return to work. Physical examination findings included decreased and painful shoulder range of motion with positive impingement testing, positive cross arm testing, and positive empty can testing with shoulder weakness and pain. There was intermittent crepitus. The note references multiple prior subacromial injections as without long-term benefit. Authorization for a fluoroscopically guided Synvisc injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder synvisc one injection (48mg) under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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 is more than 10 years status post work-related injury and continues to be treated for chronic right shoulder pain. Treatment has included multiple shoulder surgeries , physical therapy, and injections. Imaging includes findings of glenohumeral osteoarthritis. 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. Therefore the requested Synvisc injection is not medically necessary.