

Case Number:	CM14-0162356		
Date Assigned:	10/07/2014	Date of Injury:	01/29/2007
Decision Date:	11/13/2014	UR Denial Date:	09/09/2014
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 Occupational Medicine 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:

Clinical Summary: The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 29, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; multiple prior shoulder surgeries in 2011 and 2014; and MR arthrography of February 20, 2014, notable for labral degeneration and degenerative changes of the glenohumeral joint. In a September 9, 2014 Utilization Review Report, the claims administrator denied a request for viscosupplementation injections, invoking an unfavorable non-MTUS ODG Guideline on the same. The applicant's attorney subsequently appealed. In a March 4, 2014 progress note, the applicant was described as having persistent complaints of shoulder pain. The applicant was using Norco and Motrin for the same. The applicant was asked to continue regular duty work. Further shoulder surgery was sought. On March 4, 2014, the attending provider alluded to the applicant's having significant arthritic issues about the injured shoulder. On June 5, 2014, it was stated that the applicant would return to work effective June 16, 2014. On July 7, 2014, the applicant was returned to regular duty work. Viscosupplementation injection therapy was sought via August 21, 2014. The applicant was still having ongoing complaints of shoulder pain, it was acknowledged, despite usage of Mobic, Celebrex, Norco, and Motrin. The applicant was working regular duty, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder USG Orthovisc injection 1 x 4 QTY: 4: Overturned

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 ACOEM Practice Guidelines, Third Edition, Shoulder Chapter, Injections section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, viscosupplementation injections are recommended in the treatment of shoulder osteoarthritis, particularly that which has proven refractory to NSAIDs, Tylenol, and exercise therapy. In this case, the applicant has in fact tried, failed, and exhausted various operative and non-operative interventions, including multiple prior shoulder surgeries, physical therapy, medication therapy, etc. Significant signs and symptoms of shoulder arthritis persist. Pursuing the proposed Orthovisc (viscosupplementation) injections is therefore indicated. Accordingly, the request is medically necessary.