

Case Number:	CM14-0213927		
Date Assigned:	12/31/2014	Date of Injury:	06/05/1996
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker (IW) is a 54-year-old woman with a date of injury of June 5, 1996. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are sprain rotator cuff; osteoarthritis unspecified shoulder; foot pain; SLAP tear; current use of NSAIDS; lesion of ulnar nerve; numbness; BMI: 27; obesity, unspecified; joint pain shoulder; hyperlipidemia; lateral epicondylitis; joint pain forearm; joint pain hand; and elevated transaminase/LDH. Surgical history includes bilateral carpal malleolus, lateral epicondylitis, and subacromial decompression. Pursuant to the progress note dated December 1, 2014, the IW complains of left shoulder pain with numbness, and tingling involving her right hand. She has undergone carpal tunnel release surgery in the distant past. She has not had recent electrodiagnostic tests. She has been taking Mobic and using Flector patch. Examination of the left shoulder reveals elevation, forward flexion and abduction is to 175 degrees. Sensation is intact to all fingertips and first dorsal web space. Capillary refill is brisk. The radial pulse is 2+. Right carpal tunnel wound is nicely healed. Tinel's is negative. Phalen's is positive with tingling in the long finger 10 seconds. Sensation is intact to light touch to the digits and capillary refill is brisk. The treating physician reports that due to the injured worker's increased alanine aminotransferase, it might ne preferable to avoid nonsteroidal anti-inflammatory medications. In light of this, off label compassionate use of hyaluronic could be indicated. The current request is for ultrasonically guided injection of Orthovisc X 3 left shoulder, and bilateral upper extremity EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided left shoulder orthovisc injections x3: Upheld

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, Hyaluraonic 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 Section; Hyaluronic Acid Injections, Ultrasound Guidance.

Decision rationale: Pursuant to the Official Disability Guidelines, ultrasound guided left shoulder orthovisc injection times three is not medically necessary. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. It is not clear ultrasound improves the efficacy of an injection to the putative site. Hyaluronic acid injections to the shoulder are not recommended. Hyaluronic acid injections were formally under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. In this case, the injured worker's working diagnoses are left shoulder pain with presumed mild lateral subacromial impingement and probable early glenohumeral arthritis with previously favorable response to intra-articular hyaluronic acid injections; right wrist pain and suspected early radio scaphoid arthritis. Hyaluronic acid injections are not recommended regarding injections in the shoulder. Additionally, conventional anatomical guidance by experienced clinicians is adequate when giving injections. Consequently, orthovisc (hyaluronic acid) are not recommended and conventional anatomical guidance is adequate, therefore, ultrasound guided left shoulder orthovisc injection times three is not medically necessary.

EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, NCV/EMG.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. NCVs are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate from other neuropathies. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy or some other problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are left shoulder pain with presumed mild

lateral subacromial impingement and probable early glenohumeral arthritis with previously favorable response to intra-articular hyaluronic acid injections; right wrist pain and suspected early radio scaphoid arthritis. There is no discussion in the August 13, 2014 progress note or the December 1, 2014 progress note regarding radicular discomfort or radicular symptoms involving the upper extremities. There is no clinical rationale or indication for an EMG/NCV study. Consequently, absent clinical documentation to support an EMG/NCV study, clinical rationale/indication, EMG/NCV of the bilateral upper extremities is not medically necessary.