

Case Number:	CM15-0092490		
Date Assigned:	05/18/2015	Date of Injury:	12/03/2012
Decision Date:	06/23/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 12/3/12. She reported initial complaints of right shoulder, upper neck and back. The injured worker was diagnosed as having myofascial pain syndrome/spasm secondary to shoulder injury/surgery; right shoulder pain/status post rotator cuff repair; history of cervical anterior decompression/fusion; muscle spasm, myalgia; intermittent occipital neuralgia, occipital headaches due to spasm; arthritis of shoulder. Treatment to date has included status post right shoulder arthroscopic biceps tenodesis, distal clavicle excision, debridement of rotator cuff and labral tears; subacromial decompression (8/18/14); physical therapy; injection right shoulder subacromial (1/14/15); occiput, upper trapezius/right rhomboid trigger point injections (1/29/15); Toradol injection (3/12/15); medications. Diagnostics included MRI right shoulder (1/25/13 and 3/26/15). Currently, the PR-2 notes dated 4/15/15 indicated the injured worker is in this office as a follow-up for right shoulder pain and dysfunction. She is a status post right shoulder arthroscopic biceps tenodesis, distal clavicle excision, debridement of rotator cuff and labral tears; subacromial decompression of 8/18/14. Postoperatively, she is now eight months out and still having pain. She has had subacromial injections without significant relief. On physical examination, the right shoulder reveals no swelling, warmth, erythema or ecchymosis. There is no evidence of infection. She has active forward elevation to 103 degrees, external to 40 degrees and internal rotation to the SI joints. She has 5/5/ rotator cuff strength with full range of motion of elbow, wrist and hand. Neurologically, the distal sensation is intact to light touch. The MRI right shoulder dated 3/26/15 impression notes postoperative changes relevant to recent surgery,

no thickness rotator cuff tear identified, moderate osteoarthritis in the right glenohumeral joint especially anteriorly; evidence of tendinosis /partial thickness tearing involving the tendon of the long head of the biceps at the level of the bicipital groove versus post-operative change associated with tenodesis. On this date, he administered a subacromial/intra-articular injection of corticosteroid and as well as an Orthovisc injection. He is requesting Orthovisc injections x3 to right shoulder (first injection performed 4-15-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections x3 to right shoulder (first injection performed 4-15-15): 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 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) Knee & Leg (Chapter, under Hyaluronic acid injections.

Decision rationale: The patient presents with chronic right shoulder, upper neck and low back pain. The current request is for Orthovisc injections x3 to right shoulder (first injection performed 4-15-15). The Request for Authorization is dated 05/13/15. Treatment to date has included status post right shoulder arthroscopic biceps tenodesis, distal clavicle excision, debridement of rotator cuff and labral tears; subacromial decompression (8/18/14); physical therapy; injection right shoulder subacromial (1/14/15); occiput, upper trapezius/right rhomboid trigger point injections (1/29/15); Toradol injection (3/12/15); medications. The patient is currently not working. Hyaluronic injections are not discussed in the ODG shoulder chapter. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. According to progress report 05/13/15, the patient continues to complain of residual pain following her shoulder surgery on 08/18/14. Examination of the shoulder revealed active assisted forward elevation only to 120 degrees, abduction to 80 degrees, and external rotation to 40 degrees. MRI of the right shoulder dated 3/26/15 revealed postoperative changes, no thickness rotator cuff tear identified, moderate osteoarthritis in the right glenohumeral joint especially anteriorly; evidence of tendinosis /partial thickness tearing involving the tendon of the long head of the biceps at the level of the bicipital groove versus post-operative change associated with tenodesis. The treating physician noted that at the last visit the patient was given a subacromial injection and "it was very beneficial, but she is still having difficulty with motion." The treating physician requested Orthovisc injection x3 to the right shoulder (the first one administered on 04/17/15). ODG does not recommend hyaluronic acid injections for any other body part than the knee. ODG under the knee chapter states, "Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral

arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established.” The requested Orthovisc for the right shoulder IS NOT medically necessary.