

Case Number:	CM15-0097953		
Date Assigned:	05/29/2015	Date of Injury:	04/12/2011
Decision Date:	07/03/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old man sustained an industrial injury on 4/12/2011 due to cumulative trauma. Evaluations include left shoulder MRI dated 8/29/2013 and right shoulder MRI dated 3/20/2012. Diagnoses include right shoulder internal derangement with severe degenerative osteoarthritis, left shoulder impingement, right knee severe degenerative joint disease with post-operative residuals, left knee internal derangement and degeneration, and medication induced gastritis. Treatment has included oral and topical medications, steroid injections in the knees, and Synvisc injection to the left shoulder. Physician notes dated 4/21/2015 show complaints of increased pain to the bilateral knees and bilateral shoulder pain. Recommendations include further surgical intervention that the worker is not prepared to proceed with, Synvisc injection to the right knee, Anaprox DS, Prilosec, Ultracet, Norco, LidoPro, right shoulder Synvisc injection, follow up with specialist for the right knee, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc 1 injection right 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, 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) Shoulder chapter, hyaluronic acid injections.

Decision rationale: The request is for Synvisc injection to the right shoulder in a patient with chronic right shoulder pain. MTUS guidelines do not address this issue. ODG guidelines for Synvisc injections in the shoulder are not supported due to lack of efficacy. Improvement with Synvisc injections is modest at best. A previous peer review of 02/06/2015 indicated that the claimant has undergone numerous arthroscopies which have failed to improve his condition. At this point, it appears that consideration should be given for a total right shoulder replacement as Synvisc injections and further arthroscopies are unlikely to help. The request for Synvisc injections to the shoulder is therefore not medically necessary or appropriate.