

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	8/7/2002
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007506

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Euflexxa Injections x 3 to Left Shoulder is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **ultrasonic guidance for Euflexxa injections x 3 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Euflexxa Injections x 3 to Left Shoulder is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **ultrasonic guidance for Euflexxa injections x 3 is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 treatments and/or services at issue.

### Expert Reviewer Case Summary:

The patient is a 37-year-old male who sustained an industrial injury on 08/07/2002. The patient's injury resulted in left shoulder pain. Of note, the patient has prior injury to the left shoulder consistent with post left open anterior labral repair on 08/13/2001. The patient subsequently underwent arthroscopic anterior and posterior labral repair status post occupational injury on 10/06/2003, and arthroscopy with removal of a large chondral loose body debridement of glenoid labrum and chondroplasty of the humeral head, and revision anterior capsular labral repair on 08/24/2011. A left shoulder MR arthrogram report dated 06/22/2010 revealed subacromial/subdeltoid bursitis. There is fraying/insertion tendinopathy of the semimembranosus tendon. There is marked atrophy and scarring in the subscapularis which is unchanged. The most recent documentation submitted for review is from 07/11/2013 from Dr. [REDACTED]. Dr. [REDACTED] indicates the patient has a long standing history of multiple problems with his left shoulder. The patient's symptoms have been managed with periodic courses of hyaluronic injections. The patient most recently completed a series of Euflexxa injections on 10/25/2012. This has since worn off. X-rays of the shoulder showed metal anchors in the glenoid from previous labral repair, some arthritic changes in the acromioclavicular joint, there is a spur off the inferior glenoid. Physical exam revealed tenderness in the acromioclavicular joint. His glenohumeral shoulder range of motion was fairly good. Rotator cuff strength was fair. The patient was diagnosed with symptomatic left shoulder acromioclavicular and glenohumeral joint arthritis. The patient was given a steroid injection administered into the left acromioclavicular joint and was advised to continue Tramadol and ibuprofen. A second series of Euflexxa injections was recommended.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Euflexxa Injections x 3 to Left Shoulder:****Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator based its decision on the Official Disability Guidelines, Hyaluronic acid injections.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Shoulder Chapter, Online Version, Hyaluronic acid injections.

**Rationale for the Decision:**

Official Disability Guidelines (ODG) indicate that hyaluronic acid injections are under study for glenohumeral joint osteoarthritis. The medical records provided for review indicate that the employee has a long standing history of left shoulder pain secondary to occupational injury. The medical records provided for review also indicate that the employee has previously been treated with a series of three Euflexxa injections, and the employee's left shoulder symptoms have previously been successfully managed with hyaluronic injections. However, viscosupplementation for the shoulder is no longer recommended by ODG and viscosupplementation is no longer FDA approved. Therefore, this request for a series of 3 Euflexxa injections to the left shoulder with ultrasonic guidance cannot be supported. **The request for Euflexxa Injections x 3 to Left Shoulder is not medically necessary and appropriate.**

**2) Regarding the request for ultrasonic guidance for Euflexxa injections x 3:**

**Since the primary procedure is not medically necessary, none of the associated services are medically necessary.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ejf

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.