

<b>Case Number:</b>	CM13-0042835		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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:

The patient is a 74-year-old male who reported an injury on 10/20/2000. The injury was noted to have occurred from repeatedly climbing up and down stairs, as well as being on his lower extremities for long periods of time. His diagnoses are noted to include a frozen left shoulder. At his 09/16/2013 office visit, it was noted that the patient complained of left shoulder pain and weakness with cracking. A recommendation was made for 3 viscosupplementation injections into the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 visco supplementation injections for the left 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Hyaluronic acid injections.

**Decision rationale:** According to the Official Disability Guidelines, hyaluronic acid injections are not recommended for shoulder conditions. This is noted to be based on recent research in the shoulder, plus several recent quality studies in the knee showing that the magnitude of

improvement appears modest at best. The patient was noted to have symptoms of left shoulder pain and a diagnosis of frozen left shoulder; however, the Official Disability Guidelines specifically states that this treatment is not recommended for shoulder conditions. Therefore, the request is non-certified.