

Case Number:	CM14-0105171		
Date Assigned:	07/30/2014	Date of Injury:	07/14/1994
Decision Date:	03/31/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 64 year old male who sustained an industrial injury on 07/14/94. He reports bilateral shoulder and knee complaints. Diagnoses include bilateral rotator cuff tears of both shoulders, post cuff adhesive capsulitis of both shoulders, and bilateral knee tricompartmental osteoarthritis. Treatments to date include physical therapy and multiple injections to the shoulders, and Hyalgan injections, series of five two shot series to the knees. In a progress noted dated 05/07/14 the treating provider reports decreased range of motion to the cervical spine, bilateral shoulders and knees. On 06/10/14 Utilization Review non-certified Hyalgan series of 5 to the bilateral shoulders, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan Injection Series of 5 to Bilateral Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Hyalgan Injections Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Procedure Summary

Decision rationale: Citation noted above conveys that the use of hyaluronic acid injections into the shoulder is not recommended by guidelines at this time. The injured worker has been diagnosed with RTC tears of both shoulders. While there may be some evidence to support the use of hyaluronic acid for OA of the glenohumeral joint, the evidence does not support its use for RTCs. The request is not medically necessary.