

Case Number:	CM15-0013170		
Date Assigned:	03/09/2015	Date of Injury:	10/05/2009
Decision Date:	04/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 53-year-old who has filed a claim for chronic shoulder, arm, neck, and knee pain reportedly associated with an industrial injury of October 5, 2009. In a Utilization Review Report dated December 31, 2014, the claims administrator retrospectively denied Hyalgan (viscosupplementation) injections for the shoulder, apparently performed on December 1, 2014 and December 8, 2014. Non-MTUS ODG Guidelines on the knee and leg were, somewhat incongruously, invoked. The applicant's attorney subsequently appealed. On December 1, 2014, the applicant reported ongoing complaints of shoulder pain, at age 53. The applicant had derivative complaints of tremors for which the applicant was reportedly using Klonopin. Painful range of motion was appreciated. The applicant received shoulder viscosupplementation injection for shoulder arthritis. The attending provider stated that the applicant had benefited from previous Hyalgan (viscosupplementation) injection. The attending provider suggested that viscosupplementation injection therapy was being endorsed for the purposes of deferring the need for any kind of more invasive surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hyagan injections for dates 12/1/14 and 12/8/14 for the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Shoulder > Specific Disorders > Shoulder Osteoarthritis > Injections Recommendation: Intraarticular Glenohumeral Viscosupplementation Injections for Shoulder Osteoarthritis Intraarticular glenohumeral viscosupplementation injections are recommended for treatment of shoulder osteoarthritis. Indications - Shoulder joint pain from osteoarthritis to the extent that control with NSAID(s), acetaminophen and exercise strategies is unsatisfactory.

Decision rationale: Yes, the request for Hyalgan (viscosupplementation) injections was medically necessary, medically appropriate, and indicated here. The MTUS do not address the topic of viscosupplementation injections for the shoulder. However, the Third Edition ACOEM guidelines do recommend intraarticular viscosupplementation injections in the treatment of shoulder osteoarthritis, as was present here. Here, the attending provider seemingly suggested that the applicant carried a diagnosis of glenohumeral joint arthritis, i.e., an issue for which viscosupplementation (Hyalgan) injection therapy is indicated, per ACOEM. The attending provider had seemingly suggested that the applicant was intent on employing the injections as the means of avoiding the surgery. The applicant apparently had a history of traumatic brain injury, which made the applicant a poor surgical candidate, it was suggested. Therefore, the viscosupplementation (Hyalgan) injections performed on December 1, 2014 and December 8, 2014 were medically necessary.