

<b>Case Number:</b>	CM15-0027816		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, 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 was a 58 year old male, who sustained an industrial injury, August 2, 2013. The injury was sustained when the injured worker was walking down a flight of stairs and the injured worker lost his balance grabbed the railing and pulled the left shoulder. According to progress note of November 13, 2014, the injured workers chief complaint was left shoulder and elbow pain. The injured worker was complaining of numbness and tingling from the shoulder radiating down to the last two digits of the left hand. The injured worker was diagnosed with left carpal tunnel syndrome, cubital tunnel syndrome, left shoulder adhesive capsulitis with glenohumeral joint arthrosis, compensatory left elbow lateral epicondylitis, chronic grade II partial thickness tear of the common extensor tendon, chronic tear of the radial collateral tear, chronic grade partial thickness sprain of the lateral ulnar collateral ligament and micro-fracture of the common flexor tendon as well as degenerative changes. The injured worker previously received the following treatments EMG (electromyography) of the left upper extremity on January 21, 2015, arthroscopic left shoulder surgery on November 25, 2013 and MRI of the left shoulder December 5, 2012, MRI of the left elbow. On January 28, 2015, the primary treating physician requested authorization for a Monovisc injection under fluoroscopic guidance for the left shoulder. On February 4, 2015, the Utilization Review denied authorization for a Monovisc injection under fluoroscopic guidance for the left shoulder. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monovisc injection under fluoroscopic guidance for left shoulder:** Upheld

**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 ODG, Shoulder, Hyaluronic Acid Injections.

**Decision rationale:** Peer-Reviewed evidence-based studies do not support the current use of hyaluronic acid injections for the shoulder. Studies do not demonstrate significant efficacy or a statistically significant difference in outcome compared to saline injections. As such, this request for a Monovisc injection for the left shoulder is not medically necessary.