

<b>Case Number:</b>	CM15-0031850		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 53 year old, male patient, who sustained an industrial injury on 05/16/2013. A primary treating office visit dated 12/11/2014 reported subjective complaint of closed head injury with associated symptom to include stiffness, swelling, memory loss issues and depression. He is noted using ice application, rest and use of NSAIDS offer temporary relief. Objective findings showed positive for back pain and myalgias, dizziness, headaches, anxiety, depression, stress and sleep disturbance. There is noted tenderness in the cervical, thoracic, lumbar spinal musculature; mostly the right side and sharp tenderness over the right SCM. He is prescribed the following medications; Soma 350mg, and Voltaren 50 mg. He is deemed unable to work until next examination. A retrospective request was made for a Hyalgan Injection to right shoulder times two. On 02/05/2015, Utilization Review, non-certified the request, noting the ODG, Hyaluronic acid injections was cited. On 02/20/2015, the injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Hyalgan injection for right shoulder x 2, DOS: 12/1/14 & 12/8/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hyaluronic acid injections.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective Hyalgen to the right shoulder times 2 date of service December 1, 2014 and December 8, 2014 is not medically necessary. Hyaluronic acid injections to the shoulder are not recommended 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. Hyaluronic acid injections were formally under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. The osteoarthritis recommendation was downgraded based on recent research. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are head injury, unspecified. Subjectively, the injured worker's trauma involved the left face, neck, upper back, lower back and left ribs. CT scan was negative for fractures (progress note dated December 11, 2014). Past history is significant for prior injury to the neck and shoulder and cervical stenosis. Objectively, there are no clinical objective findings referencing the shoulder. There is no documentation in the medical record from the requesting orthopedic physician. Hyaluronic acid injections to the shoulder are not recommended. There is no clinical indication of clinical rationale for the hyaluronic acid injections to the shoulder. Consequently, absent clinical documentation from the requesting physician indicating a shoulder malady, a clinical indication and rationale, retrospective Hyalgen to the right shoulder times 2 dates of service December 1, 2014 and December 8, 2014 is not medically necessary.