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| <b>Case Number:</b>   | CM15-0091152 |                              |            |
| <b>Date Assigned:</b> | 05/15/2015   | <b>Date of Injury:</b>       | 11/14/2011 |
| <b>Decision Date:</b> | 06/17/2015   | <b>UR Denial Date:</b>       | 04/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2015 |

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 60-year-old male who sustained an industrial injury on 11/14/2011. Current diagnoses include cervical disc herniation, rotator cuff tears of bilateral shoulders, lateral epicondylitis of the bilateral elbows, extensor tendinitis of the bilateral wrists, lumbar disc herniation, and osteoarthritis of the left knee. Previous treatments included medication management, and left knee arthroscopy in May 2012. Previous diagnostic studies include multiple x-rays, and MRI of the right knee, lumbar spine, and cervical spine. Report dated 03/30/2015 noted that the injured worker presented with complaints that included neck pain with radiation to the shoulders with associated numbness, tingling, and weakness in the hands. Also noted was bilateral shoulder pain with weakness, bilateral elbow pain, bilateral wrist pain, and low back pain with radiation to the left leg. Pain level was not included. Physical examination was positive for abnormal findings. Physical examination of the left knee revealed moderate intraarticular effusion, limited range of motion, positive McMurray's test, and normal sensory and motor examination. Physical examination of the bilateral shoulder revealed tenderness on palpation, muscle spasm, limited range of motion, 4/5 strength, positive impingement and drop arm test. The treatment plan included a request to evaluate the right knee on an industrial basis, request for a series of Hyalgan injections, request for MRI of the bilateral shoulders. Disputed treatments include Hyalgan injections, series of 5 for the left knee. The patient has had MRI of the right knee that revealed medial meniscus tear. The patient has had X-ray of the left knee that revealed mild medial compartment narrowing. The patient has had X-ray of the bilateral shoulder revealed spurring under acromion. Other therapy done for this injury was not specified in the records provided. The patient sustained the injury due to cumulative trauma.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Hyalgan injections, series of 5 to the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Criteria for Hyaluronic acid or Hylan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 05/05/15) Hyaluronic acid injections.

**Decision rationale:** Hyalgan injections, series of 5 to the left knee. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, "Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement." The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The request for Hyalgan injections, series of 5 to the left knee is not medically necessary in this patient.

### **MRI bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**Decision rationale:** MRI bilateral shoulders. According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." Criteria for ordering imaging studies are: "Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." These indications that would require a shoulder MRI were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records

provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The request for MRI bilateral shoulders is not medically necessary in this patient.