

Case Number:	CM13-0015001		
Date Assigned:	12/13/2013	Date of Injury:	05/30/2002
Decision Date:	12/31/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old gentleman sustained a work related injury on May 30, 2002. The mechanism of injury is not documented in the clinical records submitted. Per the primary treating physician's request for authorization dated 5/31/2013, the injured worker reported a persistently painful and weak left shoulder. Diagnoses included advanced arthritis of the left glenohumeral joint and supraspinatus rotator cuff tear with multiple failed surgical procedures. On July 23, 2013, Utilization Review modified a prescription for left shoulder reverse arthroplasty with a 3 day length of stay to a left shoulder reverse arthroplasty with a 2 day length of stay. The CA MTUS ACOEM Occupational Medicine Practice Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 day of Length of Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (LOS).

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

Decision rationale: California MTUS guidelines do not comment on the length of stay for a reverse shoulder arthroplasty. ODG guidelines were therefore used. Median is 2 days, mean is 2.5 days and best practice target is 2 days. In the absence of documented complications the request for 3 day length of hospital stay is not medically necessary.