

Case Number:	CM13-0020421		
Date Assigned:	10/11/2013	Date of Injury:	07/22/1952
Decision Date:	02/26/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 physician 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:

The patient is a 61-year-old female who reported injury on 10/05/2005, with the mechanism of injury being a cumulative trauma. The patient was noted to undergo physical therapy at that point in time. The patient was noted to have pain in the left shoulder all the time, which was worse with movement of the arm. The patient was noted to have pain reaching, lifting, and carrying. The patient was noted to have tenderness to palpation along the anterior-posterior joint line. Externally, the patient was noted to rotate to 10 degrees and forward flexion to 85 degrees. The patient was noted to have significant pain and weakness with elevation, as well as external rotation, and strength testing, and pain with passive stretch. Four views of the left shoulder were taken, and they indicated the patient had significant glenohumeral arthritis, bone-on-bone. It was noted the patient had tried physical therapy and cortisone injections in both shoulders. The patient was noted to not have improved. The patient's diagnosis was noted to be right shoulder severe glenohumeral arthritis and right shoulder glenoid deformity, possible B2. The plan was noted to be a right total shoulder replacement, postoperative physical therapy, preoperative clearance, and a postoperative sling

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Shoulder Replacement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines recommend an arthroplasty for patients who have osteoarthritis or rheumatoid arthritis. The documentation submitted for review indicated the patient had 4 views of the shoulder, which showed the patient had severe glenohumeral arthritis and a possible B2-type glenoid or biconcave. The patient was noted to have physical therapy and a cortisone injection, which failed to give relief per the subsequent documentation. Given the above and the documentation of arthritis and failed conservative care, the request for a right total shoulder replacement is medically necessary.

Post-Operative Physical Therapy 2-3x4 (QTY 18): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS postsurgical treatment guidelines indicate the treatment for a post-arthroplasty is 24 visits, and that the initial course of therapy would be one-half the number visits specified in the general course of therapy. Clinical documentation submitted for review indicated the request was for 18 visits of postoperative physical therapy. This request would be excessive per the guidelines. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for postoperative physical therapy 2 to 3 x4, quantity 18 is not medically necessary

Pre-Operative Clearance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit>

Decision rationale: The Physician Reviewer's decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures". Clinical documentation submitted for review met the criterion for the right total shoulder replacement. Given the above, the request for preoperative clearance with [REDACTED] is medically necessary.

A Sling: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Postoperative abduction pillow sling.

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines recommend a postoperative abduction pillow sling for patients who have an open repair of a large and massive rotator cuff tear. Clinical documentation submitted for review met the criteria for a total shoulder replacement. As the sling is indicated for an open repair of a large rotator cuff tear, it would be appropriate for a total shoulder replacement. Given the above, the request for a sling is medically necessary.