

<b>Case Number:</b>	CM13-0027744		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 California. 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:

This is the case of a 65-year-old with an injury to the nondominant left upper extremity dated 09/21/12. The injury occurred secondary to a motor vehicle accident with the ultimate diagnosis of left shoulder degenerative arthritis. Conservative treatments were indeed provided for this individual to include steroid injections, medications, home exercises, physical therapy, and activity modification. Despite these conservative treatments, it is clear that pain and limitation of motion persisted. Radiographs of 08/06/13 revealed severe osteoarthritic disease and arthroplasty was indeed recommended. Indeed, left shoulder arthroplasty has been approved per the available documentation. The purpose of independent review would appear to be the requested inpatient stay. A three day inpatient hospital stay was requested and a two day hospital stay approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 3 day inpatient hospital stay following a left shoulder arthroplasty: 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 Official Disability Guidelines (ODG), Shoulder Chapter.

**Decision rationale:** According to the ODG, the best practice target for length of stay after shoulder arthroplasty would indeed be two days. Actual data would include a median of two day length of stay and a mean of 2.3. As such, the perspective recommendation for a two day length of stay was most appropriate. In the available documentation, there are multiple other reviews and issues regarding physical therapy and acupuncture, include treatment of the cervical spine. None of these would relate to the current length stay of issue following total shoulder arthroplasty. The initial approval for this surgery and the two day length of stay appears to have been in late August 2013. This length of stay is more appropriate than the three day stay.