

Case Number:	CM13-0030850		
Date Assigned:	11/27/2013	Date of Injury:	03/04/2002
Decision Date:	01/13/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

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 patient is a 51-year-old male who reported an injury on 03/04/2002. The documentation submitted for review indicates the patient has a history of right shoulder surgery on 12/23/2010 with a right shoulder arthroscopy, rotator cuff repair, distal clavicle excision, subacromial decompression, debridement of glenohumeral joint including a labral tear; 12/15/2011 with a right shoulder rotator cuff repair, subacromial decompression, and arthroscopic debridement of the labrum; and on 08/18/2012 a revision rotator cuff repair, arthroscopic debridement of the labrum, and arthroscopic subacromial decompression. The current request for consideration is for right reverse total shoulder arthroplasty and a 1 day inpatient hospital stay. Furthermore, the notes indicate the patient has significant history for C1-2 fusion with instrumentation in 2002 and hardware removal in 2005, as well as a cervical bone graft in 2009. Additionally, the patient is noted to have undergone a carpal tunnel release on 08/02/2011 and notes indicate a carpal tunnel release was completed on 02/21/2013. This patient also has significant left shoulder pathology and treatment history noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right reverse total artfros, shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reverse Total Shoulder Replacement-OrthoInfo - AAOS orthoinfo.aaos.org/topic.cfm?topic=A00504.

Decision rationale: CA MTUS/ACOEM Guidelines do not specifically address a Reverse Total Shoulder Arthroplasty. The Official Disability Guidelines do not specifically address a Reverse Total Shoulder Arthroplasty. Clinical literature states that in a reverse total shoulder arthroplasty the socket and metal ball are switched. The metal ball is fixed to the socket and the plastic cup is fixed to the upper end of the humerus. This procedure may be recommended for patients with a completely torn rotator cuff that cannot be repaired; cuff tear arthropathy; a previous shoulder replacement that was unsuccessful; for severe shoulder pain and difficulty lifting your arm away from your side or over your head and those who have tried other treatments, such as rest, medications, cortisone injections, and physical therapy, that have not relieved shoulder pain. The documentation submitted for review indicates the patient underwent a right shoulder MRI on 04/19/2013 which detailed postsurgical changes and a recurrent full-thickness tear of the supraspinatus with fraying/tearing of the labrum and glenohumeral alignment was noted to be anatomic. The patient was recently evaluated on 11/15/2013 with notes indicating on exam the right shoulder had limited range of motion in all planes with tenderness to palpation of the shoulders bilaterally. The right and left AC joints were noted to be prominent in the bilateral shoulders were indicated as stable. Crepitus was not present in the shoulders with alignment of the wrist, hands, and digits noted to be normal. Although a failed massive RC repair without arthropathy is an indication for a reverse shoulder arthroplasty, there is a lack of documentation of conservative treatment including medication, therapy, injections etc. A reverse arthroplasty in someone as young as this patient is likely to fail early. Also, while notes indicate the patient has failed 2 prior rotator cuff surgeries, there is lack of documentation indicating the patient has sufficient deltoid strength. Given the above, the request for right reverse total shoulder arthroplasty scheduled as inpatient with 1 day length of stay is not medically necessary and appropriate.

Physicians assistant or Nurse practitioner: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post op sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Physical therapy, post op #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.