

Case Number:	CM13-0032417		
Date Assigned:	12/11/2013	Date of Injury:	03/04/2009
Decision Date:	12/11/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 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 is a 57 year old male with a 3/4/09 injury date. He fell off a ladder while at work. It is noted that the previous UR decision was already reconsidered and certified on 10/21/13. In that report, the patient underwent right shoulder arthroscopy during which it was noted that there was a large 2 X 4 cm chondral defect on the humeral head, confirmed on MRI. The patient has failed significant conservative treatment and continues to have right shoulder pain. On 5/25/12, certification was given for right shoulder hemiarthroplasty, but the surgery was not performed because of issues related to hypertension. In an 8/21/13 follow-up, objective findings included shoulder elevation to 120 degrees, external rotation to 60 degrees, internal rotation to L2, pain with external rotation testing, and negative belly press/lift-off testing. Diagnostic impression: right shoulder osteoarthritis. Treatment to date: right shoulder decompression and debridement (2/2/10), physical therapy, injections. A Utilization Review (UR) decision on 9/19/13 denied the request for right shoulder hemiarthroplasty, biceps tenodesis, on the basis that there was no documentation of right shoulder passive range of motion, active abduction, atrophy, impingement sign, external rotation power, and neuro exam. The request for cold therapy unit was denied because the associated procedure was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: cold therapy unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Continuous-flow cryotherapy.

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the associated surgical procedure was approved and the post-op use of a cold therapy unit is warranted. This device can be approved for a 7-day rental in the immediate post-op period. Therefore, the request for associated surgical service: cold therapy unit is medically necessary.

IP- Rt shoulder hemiarthroplasty, biceps tenodesis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter--Arthroplasty.

Decision rationale: CA MTUS states that surgical consultation may be indicated for patients who have: Red-flag conditions; Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. ODG states that shoulder arthroplasty is a safe and effective procedure for patients with osteoarthritis or rheumatoid arthritis. In regard to biceps tenodesis, CA MTUS states that the biceps tendon can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, but is not necessary for function. In this case, the surgical procedure was already certified in 2012 and the patient was not able to proceed due to hypertensive issues. In addition, the most recent UR decision has been reconsidered and overturned by UR. There appears to be sufficient medical evidence to agree with that decision to approve the surgery. There is a surgical lesion on the humeral head, significant limitations on exam, and failure of exhaustive conservative treatment. A biceps tenodesis is a routine part of any shoulder arthroplasty procedure. Therefore, the request for IP- Rt shoulder hemiarthroplasty, biceps tenodesis, is medically necessary.