

Case Number:	CM13-0036235		
Date Assigned:	12/13/2013	Date of Injury:	07/22/1952
Decision Date:	02/06/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/18/2013

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.

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 with date of injury 10/5/05. The patient had an exam on 9/16/13 that noted demonstrates passive elevation to about 90 degrees. Radiographs demonstrate severe glenohumeral arthritis. The recommendations for MRI right shoulder to evaluate for rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total shoulder replacement: 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).

Decision rationale: CA MTUS/ACOEM Guidelines is silent on the issue. In this case there is insufficient evidence of intact rotator cuff. This will determine the type of shoulder arthroplasty to be performed. As there is insufficient evidence of an intact cuff the determination is not medically necessary and non certification.

Pre-Op medical clearance by [REDACTED]: 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).

Decision rationale: As the surgical procedure is not medically necessary the decision for pre-op medical clearance is not medically necessary and non certified.

Post- Op physical therapy 2-3 times per week for 4-6 weeks QTY: 18: 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).

Decision rationale: As surgical care is non certified, the decision for post operative physical therapy is not medically necessary.

Sling: 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).

Decision rationale: As the decision is for non certification for shoulder arthroplasty, the decision is for non certification for a sling.