

Case Number:	CM13-0038113		
Date Assigned:	12/18/2013	Date of Injury:	07/09/2003
Decision Date:	02/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/25/2013

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 a 67-year-old female who reportedly suffered a vocationally related injury on July 9, 2003. The records reflect that she has continued to complain of a combination of neck and upper extremity pain and more recently has been diagnosed with shoulder arthritis. Records reflect that she has undergone cervical fusion C4 through 7 and has continued to require narcotic medications for ongoing pain complaints. Request was to determine the medical necessity of right total shoulder arthroplasty. Records include a report that documents significant restrictions and loss of function of the right upper extremity. The records also include an MRI scan report from January 31, 2013 which reveals advanced degenerative change at the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Total 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, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter shoulder, Arthroplasty (shoulder).

Decision rationale: The evidence based Guidelines state that total shoulder arthroplasty is a reasonable procedure for claimants who have documented evidence of severe degenerative change, clinical findings that are consistent with the above stated diagnosis and failed conservative care. The records in this particular case would certainly support the diagnosis of advanced DJD of the shoulder. That said, although a number of physicians have reportedly recommended the procedure, there is no discussion as to the rationale in this particular case, nor is there discussion of the conservative measures which have been exhausted to date before one would proceed with surgery of this nature. In light of the fact that the claimant continues to have a variety of musculoskeletal complaints following previous surgical treatment for injury, it would certainly be reasonable to expect that the records document the failure of conservative measures before embarking on a complex procedure of this nature. That information is not forthcoming in the records and as such I would submit that I would support the previous adverse determination in this setting as Guidelines have not been satisfied.