

<b>Case Number:</b>	CM13-0050329		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Sports Medicine 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:

The patient is a 52-year-old male who reported an injury on 8/26/13 due to moving heavy packages, which reportedly caused injury to the right shoulder. The patient reported persistent pain recalcitrant to physical therapy and anti-inflammatory medications. The patient's most recent clinical examination findings included acromioclavicular joint tenderness, full range of motion, 4/5 muscular strength on forward elevation against resistance, and a positive Hawkins test. The patient's surgical history included left shoulder partial replacement. An MRI of the right shoulder revealed advanced degenerative changes throughout the right shoulder with large effusion and probable impingement. The patient's diagnoses included right shoulder strain, right shoulder impingement and tendonitis, and right shoulder osteoarthritis. The patient's treatment plan included partial shoulder replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hemiarthroplasty for the right shoulder:** 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

**Decision rationale:** The Official Disability Guidelines state that hemiarthroplasty would best in the context of trauma. The clinical documentation submitted for review does not provide any evidence of acute trauma that would support the need for hemiarthroplasty. The clinical documentation does indicate that the patient previously received hemiarthroplasty for the left shoulder with good results; however, as this surgery is not indicated for a degenerative condition, the need is not clearly established. As such, the requested hemiarthroplasty of the right shoulder is not medically necessary or appropriate.

**18 postoperative physical therapy visits for the right shoulder:** 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.

**postoperative cold therapy unit for the right shoulder:** 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.