

Case Number:	CM13-0051191		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2004
Decision Date:	06/09/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

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:

The patient is a 75 year old female who was injured on 08/27/2004. The mechanism of injury is unknown. Prior treatment history has included 24 sessions of physical therapy and Tylenol for pain. The patient underwent right shoulder arthroscopy, subacromial decompression, and rotator cuff repair on 03/24/2009. PR2 dated 08/20/2013 documented the patient to have complaints of right shoulder chronic pain, status post right shoulder arthroscopy, debridement and partial thickness supraspinatus repair. The right shoulder deep, lateral shoulder is worse with use. The patient stated she is moving to a mobile park due to husband condition. Objective findings on exam revealed right shoulder active range of motion to 80 degrees; passive to 130 degrees elevation; external rotation with arm adducted to 20 degrees active passive, painful, arc, crepitus with range of motion. There is no swelling. PR2 dated 06/06/2013 indicated the patient is diagnosed with arthritis of acromioclavicular joint and rotator cuff syndrome, supraspinatus syndrome, NOS. PR2 dated 04/23/2013 states the patient is in for follow-up on 04/23/2013 for bilateral shoulders. The patient has been going to physical therapy to date. The patient feels some improvement in range of motion but it has not helped her shoulder pain. The patient reports bilateral shoulder pain, right worse than left. The patient reports grinding and catching in both shoulders. The pain is constant mild to moderate rated at intensity 3-8/10. Objective findings on exam revealed right shoulder exhibits tenderness, crepitus, pain, spasm, and decreased strength. There is decreased range of motion; active abduction 90 degrees; active forward flexion 120 degrees; active internal rotation to buttock; active external rotation to 50 degrees. The patient was diagnosed with rotator cuff syndrome. Prior Utilization Review was performed on 9/30/13 at which time the request for right shoulder replacement and biceps tenodesis was non-certified. The prior peer review noted that prior PT had significantly improved function and there has been inappropriate pain management. It was also noted that there is lack of clinical or imaging

evidence of biceps tear and insignificant imaging documentation of moderate to severe right shoulder OA.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) RIGHT SHOULDER REPLACEMENT AND BICEPS TENODESIS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER (ACUTE & CHRONIC), ARTHROPLASY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)<SHOULDER, ARTHROPLASTY.

Decision rationale: Medical records document symptomatic degenerative joint disease of the shoulder (glenohumeral joint) which has not responded to care to date including arthroscopy March 24, 2009, limited activity, physical therapy, at least one corticosteroid injection and tylenol medication. There is documentation of associated functional limitations. Objectively on examination there is decreased motion with crepitation as well. In a report of April 23, 2013 it is noted that the patient reports improvement in motion but no improvement in pain with her physical therapy. The exam, however, does not demonstrate any improvement in motion compared to prior exams. The patient also states that she does not wish to take medicine. Although reports of imaging studies are not contained in the record, the treating physicians have documented advanced degenerative changes in the shoulder on radiographs and CT scanning. Based on the above, the patient's need for shoulder replacement would be consistent with ODG Guidelines. Although not specifically stated in the medical records it is not uncommon to perform a biceps tenodesis at the time of shoulder replacement as part of the shoulder reconstruction. Since the shoulder replacement is necessary then the biceps tenodesis is also necessary as part of the replacement procedure. As such, the need for biceps tenodesis as part of the shoulder replacement/reconstructive procedure, in and of itself, would not be subject to ODG, CA MTUS or ACOEM Guidelines.