

<b>Case Number:</b>	CM13-0053348		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Texas, Indiana, Michigan and Nebraska. 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 62-year-old male who reported an injury on 01/25/2008 due to repetitive trauma that reportedly caused injury to the patient's right shoulder. The patient ultimately underwent right shoulder hemiarthroplasty in 03/2013. An x-ray dated 04/08/2013 noted that the acromioclavicular joint is aligned with postoperative changes along the undersurface of the joint with no evidence of orthopedic hardware loosening or infection. The patient participated in postoperative physical therapy and recovered 70 degrees to 80 degrees of motion involving overhead motions and lateral aspects of the shoulder. The patient was evaluated in 11/2013 and it was documented that the patient cannot abduct his shoulder and forward flexion was measured at 30 degrees to 40 degrees with pain with overhead activity and rotation. Conversion from a standard shoulder hemiarthroplasty to a reverse total shoulder replacement was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reverse Total Shoulder Replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Arthroplasty (shoulder).

**Decision rationale:** The requested reverse total shoulder replacement is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for patients who have clear clinical findings supported by an imaging study that have not been responsive to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has had extensive physical therapy. Although the patient's physical presentation seems to be declining, there is no documentation that the patient is participating in a home exercise program or any other type of therapy. Additionally, there is no imaging study to support that the patient has a deficit that would benefit from surgical intervention. Official Disability Guidelines recommend shoulder arthroplasty for patients who have significant osteoarthritis or rheumatoid arthritis that interferes with the patient's functional capabilities. The clinical documentation submitted for review does not provide any evidence that the patient has osteoarthritis of the right shoulder that would require a total shoulder replacement. As such, the requested reverse total shoulder replacement is not medically necessary or appropriate.

**Inpatient stay times 1 to 2 days:** 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) Shoulder Chapter, Hospital Length of Stay.

**Decision rationale:** The requested in-patient stay times 1 to 2 days is not medically necessary or appropriate. Official Disability Guidelines recommend a hospital stay of 1 day for arthroplasty revision. The clinical documentation submitted for review does not support that the patient is a candidate for this surgical intervention. Therefore, a hospital stay would also not be indicated. As such, the requested in-patient stay times 1 to 2 days is not medically necessary or appropriate.

**Pre-Op EKG:** 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) Low Back Chapter, Pre-Operative ECG (EKG).

**Decision rationale:** The requested pre-op EKG is not medically necessary or appropriate. Official Disability Guidelines do recommend preoperative lab testing and preoperative EKG for patients who are undergoing a high risk surgical event that includes implantation of hardware. However, the clinical documentation submitted for review does not support the requested surgery at this time. As such, the requested pre-op EKG is not medically necessary or appropriate.

**Pre-Op Clearance: 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) Low Back Chapter, Pre-Operative Testing, General.

**Decision rationale:** The requested pre-op clearance is not medically necessary or appropriate. Official Disability Guidelines do recommend preoperative lab testing and preoperative EKG for patients who are undergoing a high risk surgical event that includes implantation of hardware. However, the clinical documentation submitted for review does not support the requested surgery at this time. As such, the requested pre-op clearance is not medically necessary or appropriate.

**Pre-Op Labs, CBC, Renal Function Panel, PT, PTT: 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) Low Back Chapter, Pre-Operative Lab Testing.

**Decision rationale:** The requested pre-op labs, CBC, renal function panel, PT, PTT is not medically necessary or appropriate. Official Disability Guidelines do recommend preoperative lab testing and preoperative EKG for patients who are undergoing a high risk surgical event that includes implantation of hardware. However, the clinical documentation submitted for review does not support the requested surgery at this time. As such, the requested pre-op labs, CBC, renal function panel, PT, PTT is not medically necessary or appropriate.

**Physical Therapy Times 8 to 16: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The requested physical therapy times 8 to 16 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 24 visits of physical therapy in the postsurgical management of a patient who has undergone shoulder arthroplasty. However, the clinical documentation submitted for review does not support the requested surgical intervention. Therefore, the need for postsurgical management is also not

supported. As such, the requested physical therapy times 8 to 16 is not medically necessary or appropriate.