

Case Number:	CM13-0058523		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2002
Decision Date:	03/26/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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:

A 70 year old male with industrial injury 9/16/2002. Exam notes from 11/4/13 demonstrate persistent pain. Physical exam revealed abduction and forward flexion of approximately 60 degrees. X-ray report from 10/10/13 demonstrates right shoulder prosthesis. There is inferior separation of the humeral head with respect to scapular glenoid and the acromion, degenerative disease of the acromioclavicular joint, and calcified loose bodies in the glenohumeral joint. Diagnosis includes right shoulder arthroplasty, with chronic dislocation and increasing pain, difficulty raising arm, s/p revision of left knee. Treatment thus far has been activity modification. Treating physician is requesting total right shoulder arthroplasty with 3 day inpatient stay, internal consult, DME rental cold therapy, shoulder sling, CPM unit rental for 6 months, PT for 2 x12 right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: Per the CA MTUS/ACOEM guidelines (Shoulder Chapter, pages 209 through 211) regarding surgical consultation for shoulder conditions, Referral for surgical consultation may be indicated for patients who have: - Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) - Activity limitation for more than four months, plus existence of a surgical lesion - Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion - Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. For postsurgical rehabilitation, key indicators for further assessment and treatment include: - Prolonged course - Multiple surgical procedures - Use of narcotic medications In this case there is no objective evidence of limited range of motion and failure of conservative care to warrant surgical intervention such as reverse total shoulder. Therefore the determination is for non-certification.

Rental cold therapy unit for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for CPM rental for 6 months is not medical necessary and non-certified.

Rental continuous passive motion (CPM) unit rental for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for CPM rental for 6 months is not medical necessary and non-certified.