

Case Number:	CM13-0067426		
Date Assigned:	01/03/2014	Date of Injury:	08/27/2008
Decision Date:	06/12/2014	UR Denial Date:	11/28/2013
Priority:	Standard	Application Received:	12/16/2013

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 Surgeon, has a subspecialty in Shoulder and Elbow 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 51-year-old male who reported an injury on 07/02/2012 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to his right shoulder. The patient underwent an MRI on 09/09/2013 that documented there were degenerative changes with moderate joint space narrowing in the glenohumeral joint with an absence of articular cartilage of the bony glenoid and a nondisplaced tear of the posterior glenoid labrum. The injured worker's treatment history included surgical intervention in 11/2008 and a left shoulder hemiarthroplasty in 05/2009 followed by post-operative physical therapy, activity modifications, chronic pain management, and chronic pain medications. The injured worker was evaluated on 10/07/2013. It was documented that the patient had moderate crepitus within the glenohumeral joint with restricted range of motion described as 130 degrees in forward flexion, 20 degrees in external rotation, and internal rotation to the L3 with rotator cuff strength described as 5/5. A recommendation for continued physical therapy and corticosteroid injections with eventual total shoulder arthroplasty was made. The injured worker was evaluated by the requesting physician on 10/22/2013. It was documented that the patient had restricted range of motion of the bilateral shoulders and lumbar spine secondary to pain with positive provocative maneuvers of the bilateral lower extremities and lumbar spine. It was noted that the patient had a positive impingement sign of the left shoulder with crepitus with range of motion and 5/5 motor strength. The injured worker's diagnoses included right shoulder derangement secondary to overcompensation from the left shoulder injury, left shoulder internal derangement, status post left shoulder total arthroplasty in 12/2012, status post left shoulder joint replacement surgery, chronic left shoulder pain, left shoulder sprain/strain, depression secondary to industrial injury. The injured worker's treatment recommendations included continued medications and a right shoulder replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Arthroplasty Of The Shoulder.

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, Arthroplasty (Shoulder).

Decision rationale: The requested right shoulder replacement is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address the surgical intervention. Official Disability Guidelines recommend shoulder arthroplasty for patients with glenohumeral and acromioclavicular joint osteoarthritis that experience severe pain preventing undisturbed sleep with significant functional disability interfering with activities of daily living or the ability to work. Official Disability Guidelines also recommend that all conservative therapies to include nonsteroidal anti-inflammatory drugs, intra-articular steroid injections, and physical therapy be exhausted prior to this surgical intervention. The clinical documentation submitted for review does indicate that the patient has right shoulder pain and glenohumeral and acromioclavicular joint osteoarthritis on the submitted imaging study. However, the clinical documentation does indicate that the patient was recently recommended to participate in additional physical therapy and corticosteroid injections in an attempt to avoid surgical intervention. Also, the treating provider did not provide an adequate assessment of the patient's right shoulder to support that the patient has severe pain significantly interfering with functional abilities. Therefore, right shoulder replacement would not be appropriate at this time. As such, the requested right shoulder replacement is not medically necessary or appropriate.