

Case Number:	CM13-0068764		
Date Assigned:	01/03/2014	Date of Injury:	06/10/2011
Decision Date:	04/11/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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, has a subspecialty in Spine 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 55-year-old female who reported an injury on 06/10/2011. The mechanism of injury was not specifically stated. The patient is currently diagnosed with moderate glenohumeral degenerative joint disease, left compensatory rotator cuff tendinopathy, and compensatory cervical myalgia. The patient was seen by [REDACTED] on 08/16/2013. The patient reported persistent discomfort. Physical examination revealed 100 degrees forward flexion, 10 degrees external rotation, and intact sensation. Treatment recommendations included a right total shoulder arthroplasty. The patient underwent an MRI on 03/21/2013, which indicated tenodesis of the long head of the biceps and outlet decompression, no evidence of a full-thickness rotator cuff tear or high grade tendinopathy, no evidence of a SLAP lesion, and intact labral and capsular structures.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL SHOULDER ARTHROPLASTY: 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

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. Official Disability Guidelines state shoulder arthroplasty is indicated for glenohumeral and acromioclavicular joint osteoarthritis, post-traumatic arthritis, or rheumatoid arthritis. As per the documentation submitted, the patient does not appear to meet criteria for the requested procedure. There is no documentation of glenohumeral and acromioclavicular joint osteoarthritis upon imaging study. There are no plain films obtained prior to the request for a surgical intervention. There is also no documentation of an exhaustion of conservative treatment including NSAIDs, intra-articular steroid injections, and physical therapy for at least 6 months. Based on the clinical information received, the request is non-certified.

. 2-3 DAYS HOSPITAL INPATIENT STAY: 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.

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 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.

DME: RENTAL, COLD THERAPY UNIT, FOR 7 DAYS: 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.

DME PURCHASE, ARM SLING AND SHOULDER IMMOBILIZER: 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.

POST-OP AQUATIC THERAPY, 2 TIMES A WEEK FOR 4 WEEKS:

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.