

Case Number:	CM13-0072270		
Date Assigned:	01/17/2014	Date of Injury:	07/24/2007
Decision Date:	05/08/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/30/2013

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:

This case involves a 56-year-old gentleman, who was injured on July 24, 2014. A recent clinical orthopedic report of January 2, 2014, gives the claimant a diagnosis of severe osteoarthritis with radiographs performed on that date, which showed marginal osteophyte formation, with complete joint loss at the glenohumeral joint consistent with severe underlying change. It states that the claimant has failed conservative measures and continues to be quite symptomatic at present, with physical examination findings showing restricted range of motion, 3/5 strength, and no movement beyond 90 degrees of abduction. Based on failed conservative measures and extensive conservative care, surgical intervention in the form of total shoulder arthroplasty was recommended for further definitive care. There is also a request for perioperative use of a plasma injection to the shoulder at the time of operative procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL SHOULDER REPLACEMENT, PER REPORT DATED 10/21/13 QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC GUIDELINES, SURGERY, SHOULDER, ARTHROPLASTY (SHOULDER).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - ARTHROPLASTY (SHOULDER).

Decision rationale: When looking at Official Disability Guidelines total shoulder arthroplasty would be supported. The Official Disability Guidelines indicate that an arthroplasty of the shoulder would be recommended for selected patients. The Guidelines also indicate, "While less common than knee or hip arthroplasty, shoulder arthroplasty is a safe and effective procedure for patients with osteoarthritis or rheumatoid arthritis." The claimant has failed reasonable conservative measures and is with end-stage severe degenerative arthrosis. The role of operative intervention in this claimant's course of care would appear to be medically warranted.

PLATELET SEALANT GRAFT FOR THE RIGHT TOTAL SHOULDER PER REPORT DATED 10/21/13 QTY: 1.00: 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), TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - GRAFT.

Decision rationale: The Official Disability Guidelines indicate that "the graft is under study. Over the past few years, many biologic patches have been developed to augment repairs of large or complex rotator cuff tendon tears. These patches include both allograft and xenografts. Regardless of their origins, these products are primarily composed of purified type I collagen. There is a lack of studies demonstrating which ones are effective. For short-term periods, restoring a massive rotator cuff tendon defect with synthetic grafts can give significant pain relief, but there is still some risk of new tears." Based on the guidelines, the graft is not recommended as medically necessary. The request does not meet guideline recommendations.