

<b>Case Number:</b>	CM14-0106094		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/25/2001
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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:

According to the records made available for review, this is a male with a 6/25/01 date of injury and status post right shoulder arthroscopy, glenohumeral debridement, chondroplasty and subacromial decompression on 2/14/02. At the time (6/4/14) of request for authorization for right shoulder hemiarthroplasty with possible glenoid button, Assistant Surgeon, 23 hour hospital stay, Preoperative clearance: labs (CBC, CMP), Preoperative clearance: EKG, Initial postoperative Physical Therapy x 24 sessions, Postoperative ARC 2.0 Shoulder Brace, Cold compression unit x 21 day rental, and Postoperative Percocet 5/325mg, qty 60, there is documentation of subjective (ongoing right shoulder pain with popping and crack, and difficulty performing any type of movements, including pushing, pulling, reaching, carrying, lifting, and lying on the right side) and objective (right shoulder limited flexion of 140/130 degrees, abduction of 100/90 degrees and internal/external rotation of 45 degrees, and tenderness to palpation over the right anterior shoulder) findings, imaging findings (Reported MRI of the right shoulder (1/7/14) revealed glenohumeral arthritis with advanced articular cartilage loss throughout the mid to posterior aspect of the glenoid and the mid to posterior aspect of the humeral head; moderate biceps tendinosis and moderate rotator cuff tendinosis; arthrosis of the acromioclavicular joint with advanced cartilage loss and mild spurring; report not available for review), current diagnoses (history of right shoulder arthroscopy and glenohumeral arthrosis), and treatment to date (medications, steroid injection, physical therapy, and activity modification). Regarding right shoulder hemiarthroplasty with possible glenoid button, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which hemiarthroplasty is indicated (acute fracture).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder hemiarthroplasty with possible glenoid button:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Shoulder Procedure Summary (Updated 04/25/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Arthroplasty (shoulder).

**Decision rationale:** MTUS reference to ACOEM guidelines support surgical consultation/intervention for patients who have: Red flag conditions; Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase range of motion 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. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which hemiarthroplasty is indicated (such as acute fracture), as criteria necessary to support the medical necessity of shoulder hemiarthroplasty. Within the medical information available for review, there is documentation of diagnoses of history of right shoulder arthroscopy and glenohumeral arthrosis. However, despite documentation of subjective (ongoing right shoulder pain with popping and crack, and difficulty performing any type of movements, including pushing, pulling, reaching, carrying, lifting, and lying on the right side) and objective (right shoulder limited flexion of 140/130 degrees, abduction of 100/90 degrees and internal/external rotation of 45 degrees, and tenderness to palpation over the right anterior shoulder) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which hemiarthroplasty is indicated (acute fracture). Therefore, based on guidelines and a review of the evidence, the request for right shoulder hemiarthroplasty with possible glenoid button is not medically necessary.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons (AAOS) Position Statement Reimbursement of the First Assistant in Orthopedics, Role of the First Assistant According to the American College of Surgeons.

**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.

**Preoperative clearance: labs (CBC, CMP):** 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.

**Preoperative clearance: EKG: 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.

**Postoperative Percocet 5/325mg, qty 60: 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.

**Initial postoperative Physical Therapy x 24 sessions: 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.

**Postoperative ARC 2.0 Shoulder Brace: 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.

**Cold compression unit x 21 day rental:** 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.

**23 hour hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Shoulder Procedure Summary (Updated 04/25/2014); Official Disability Guidelines Hospital Length of Stay (LOS) Guidelines: Partial Shoulder (icd 81.81 - Partial shoulder replacement).

**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.