

Case Number:	CM14-0109372		
Date Assigned:	09/16/2014	Date of Injury:	08/22/2012
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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:

This 71-year-old male logger sustained an industrial injury on 8/22/12. The injury occurred while cutting down trees and dragging the branches to the chipper. He put a piece of wood in the chipper, and his left arm got jerked down and then forcefully abducted. He ruptured the proximal biceps and could see the muscle balled up in the left arm. There was a delay in filing this claim as the patient wished to keep working. He sought care in July 2013. Medications were prescribed but no physical therapy. He was off work for 5 weeks and then returned to work as a supervisor. The 2/18/14 left shoulder MRI impression documented a massive rotator cuff tear with mild supraspinatus and severe infraspinatus muscle atrophy. There was also a chronic avulsion of the subscapularis tendon with moderate muscle atrophy. Findings documented glenohumeral osteoarthritis, severe acromioclavicular joint osteoarthritis, joint effusion with synovitis, and long head biceps tendon rupture versus tenotomy. There was a diminutive anterior labrum largely replaced by glenoid rim ossific spurring, and a chronic Bankart lesion. The 6/12/14 treating physician report cited complaints of left upper arm and shoulder pain, swelling, stiffness, loss of motion, numbness/tingling, giving out and popping. Medications improved his symptoms; no other treatment had been done. Reaching and overhead activities made the symptoms worse. Physical exam documented range of motion limited to 30 degrees forward extension, 30 degrees abduction, 30 degrees extension, and internal rotation almost to the back pocket. There was pain with passive range of motion. There was an obvious deformity of the superior biceps muscle with distal retraction. Rotator cuff strength was 3/5 to 4/5. Shoulder abductor strength was 4+/5. Biceps reflexes were 2+. The assessment documented end-stage glenohumeral joint with high-riding humeral head in contact with the acromion. The plan was a left shoulder end-stage rotator arthroplasty. A reverse total shoulder arthroplasty was requested. The 6/19/14 utilization review

denied the left shoulder arthroplasty and associated as there was no documentation that the patient had any conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroplasty w 1 day inpatient 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 -Shoulder Chapter, ACOEM Guidelines 2nd Edition (2004)

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), Hospital length of stay (LOS)

Decision rationale: The California MTUS does not provide recommendations for this procedure. The Official Disability Guidelines recommend arthroplasty for selected patients. Surgical indications include glenohumeral or acromioclavicular joint osteoarthritis with severe pain preventing a good night's sleep or functional disability that interferes with activities of daily living or work, positive radiographic findings of shoulder joint degeneration, and failure of at least 6 months of conservative treatment. For reverse arthroplasty, the patient must typically meet all the following criteria: limited functional demands, intractable pain that has not responded to conservative therapy (including anti-inflammatory medications, intra-articular steroid injections and physical therapy for at least 6 months and failed), adequate range of motion to obtain functional benefit from the prosthesis, adequate deltoid function, residual bone permits firm fixation of implant, no evidence of infection, and no severe neurologic deficiency. Guideline criteria have not been met. Evidence of months of a recent, reasonable and comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Purchase of a Remedy Stable for Left Shoulder post op: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ACOEM 2nd Edition (2004)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, then the associated services are not medically necessary.

Physical Therapy 2x wk x6wks left Shoulder post op: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines shoulder chapter

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, then the associated services are not medically necessary.

Pre OP EKG/Labs: 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, then the associated services are not medically necessary.