

Case Number:	CM14-0011665		
Date Assigned:	04/09/2014	Date of Injury:	01/01/1986
Decision Date:	05/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/29/2014

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 Pennsylvania. 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 claimant is a 67-year-old gentleman who injured his left shoulder on January 1, 1986. An MRI report from December 13, 2013 shows thinning of the distal infraspinatus and supraspinatus tendons with no indication of full thickness rotator cuff tearing noted. There are degenerative changes about the glenohumeral joint with a paralabral cyst present. A 2.4cm loose body is also noted in the axillary recess of the glenohumeral joint space. There were mild degenerative changes noted about the AC joint. Orthopedic follow-up with [REDACTED] on December 18, 2013 reviewed the claimant's MRI scan and indicated continued subjective complaints of pain to the shoulder with limited range of function to 40 degrees of abduction and 60 degrees of forward elevation. It states despite conservative options, surgical intervention was recommended in the form of a reverse total shoulder arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER TOTAL ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthop Clin North Am. 2013 Jul;44(3):389-408.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines Inpatient and Surgical Care 16th Edition, 81.88 Reverse total shoulder replacement.

Decision rationale: The California MTUS guidelines do not address this specific request, so alternative guidelines were utilized. Orthopedic literature review indicates that reverse shoulder arthroplasty is considered a significant recent technological advancement in terms of function. The specific request in this case cannot be supported. While records indicate degenerative changes to the glenohumeral joint with a large loose body and an intact rotator cuff, records fail to demonstrate conservative measures that have been utilized over the past six to twelve months in regards to the claimant's chronic shoulder complaints dating back to 1986. There is no documentation of less invasive forms of surgical intervention, medication management, recent physical therapy, or injection care that have been utilized or performed. Absence of the above clinical picture and conservative measures in this individual whose injuries spans three decades would not be recommended acutely at this time. As such, the request is not medically necessary.