

Case Number:	CM14-0015424		
Date Assigned:	02/28/2014	Date of Injury:	01/29/1981
Decision Date:	07/07/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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:

The injured worker is a 70-year-old female who reported an injury on 01/29/1981. The diagnosis is primary localized osteoarthritis shoulder region. The mechanism of injury was a fall. The documentation of 11/06/2013 revealed the injured worker had bilateral total knee arthroplasties. It was indicated the injured worker had worn out her shoulders due to many years of helping herself up and down. It was indicated the injured worker was always in pain and had conservative management. The injured worker could not reach to shoulder height. The injured worker's activities of daily living were affected, such as showering and dressing. Her sleep was affected on a constant basis. It was indicated the injured worker could not sleep on either shoulder. The left was more painful than the right. The injured worker had x-rays on 03/28/2013 including an AP, wide lateral and axillary views of both shoulders which showed severe degenerative arthritis in both shoulders with ablation of the shoulder joint space, large inferior neck osteophytes in the humerus, subchondral sclerosis and loose fragments in the right shoulder. An axillary view of the left shoulder revealed no asymmetric erosion but bone on bone. The right shoulder was positionally not exact; therefore, an assessment of the glenoid morphology was difficult. The impression included bilateral shoulder severe DJD and left concern for a possible rotator cuff tear. The treatment plan included total shoulder arthroplasty on the left. Additionally, the documentation indicated the injured worker would require an MRI of both shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL SHOULDER ARTHROPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The Official Disability Guidelines indicate that a shoulder arthroplasty is appropriate for injured workers who have glenoid and acromioclavicular joint osteoarthritis, posttraumatic arthritis and rheumatoid arthritis with all of the following including severe pain preventing a good night's sleep and positive radiographic findings. There should be documentation of conservative therapies including NSAIDs, intra-articular steroids and physical therapy, which have been tried for at least 6 months and have failed. The clinical documentation submitted for review indicated the injured worker had osteoarthritis and severe pain preventing a good night's sleep. There were positive radiographic findings on x-rays and there was documentation that conservative care had failed. There was documentation indicating the injured worker had conservative care, but the type of care and duration of care was not provided. As such, there was a lack of documentation indicating the injured worker had trialed NSAIDs, intra-articular steroid injections and physical therapy and had failed those treatments for at least 6 months. Given the above, the request for a left total shoulder arthroplasty is not medically necessary.

INPATIENT STAY1-2 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.