

Case Number:	CM14-0123065		
Date Assigned:	08/06/2014	Date of Injury:	05/16/2009
Decision Date:	09/11/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/04/2014

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 is a 54-year-old female who sustained a vocational injury on 05/16/09. The claimant is noted to have previously undergone a left shoulder reverse total shoulder on 10/16/12. The office note dated 06/30/14 documented difficulties at night and right shoulder pain. Treatment of medications, two sessions of physical therapy, and anti-inflammatories provided minimal relief. Examination of the right shoulder revealed that deltoid did not function; passive range of motion was elevation to 120 degrees and limited by pain, external rotation to 50 degrees, and internal rotation to her lower lumbar spine. Her active motion was noted to be less and was limited by pain. X-rays of the right shoulder from 05/12/14 noted the claimant has good bone stock and had acetabularization of her acromion, femoralization of her humeral head which was noted to be high riding. Her bone stock looked to be appropriate to take a reverse total shoulder arthroplasty. The report of an MRI of the right shoulder without contrast on 05/29/13 showed an oblique supraspinatus tendon tear with 3 centimeters of proximal retraction extending into the infraspinatus tendon. There was a tear of the subscapularis tendon with scar in situ. There was severe tendinosis and partial tearing with subluxation of the longhead of the biceps tendon. There was a superior and anterior labral tear. There was more cartilage thinning of the humeral head. A fusion was noted with a fatty atrophy of the muscle with increased subcutaneous fat. The current request is for a right shoulder reverse total shoulder and biceps tenodesis with one to two day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder reverse total shoulder arthroplasty and biceps tenodesis times 1-2 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Reverse shoulder arthroplasty.

Decision rationale: California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines do not recommend the request for right shoulder reverse total shoulder arthroplasty and biceps tenodesis with a 1-2 day inpatient stay as medically necessary. Official Disability Guidelines note that prior to considering reverse shoulder arthroplasty claimants should have failed intra-articular steroid injections along with antiinflammatories and physical therapy for at least six months. Although the claimant appears to have subjective complaints, abnormal physical exam objective findings, and diagnostic study in the form of x-ray and MRI supporting reverse total shoulder arthroplasty, prior to considering reverse total shoulder arthroplasty it would be reasonable and recommended to proceed with injection therapy in the form of Corticosteroids in an effort to attempt to control the claimant's subjective complaints and increase her overall function prior to considering and recommending reverse total shoulder arthroplasty. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM and Official Disability Guidelines the request for the right shoulder reverse total shoulder arthroplasty and biceps tenodesis with one to two day inpatient stay cannot be considered medically necessary.