

<b>Case Number:</b>	CM14-0128706		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 68-year-old gentleman who was working as an office manager and sustained a vocational injury to his right shoulder and right knee in a fall on 08/22/11. The medical records provided for review document that the claimant had a right shoulder arthroscopic subacromial decompression with distal clavectomy and debridement of the rotator cuff tear. The report of an MRI of the shoulder dated 06/05/14, identified moderate to severe glenohumeral joint arthrosis with small glenohumeral joint effusion and reactive synovitis. There was a low signal articular body felt to be present within the axillary pouch. There was moderate to severe rotator cuff tendinosis with low to moderate grade partial-thickness tear at the supraspinatus footprint and mild to moderate acromioclavicular joint arthrosis. The most recent office note dated 05/15/14 documented physical examination findings of the right shoulder to show marked limitation of range of motion with severe pain on any attempt of range of motion. The office note dated 07/10/14 documented that the claimant had severe right shoulder pain with a diagnosis of right shoulder end-stage arthritis, glenohumeral with rotator cuff arthroscopy. This request is for right shoulder hemiarthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder Hemiarthroplasty:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation (ODG); Shoulder chapter: Arthroplasty (shoulder).

**Decision rationale:** California ACOEM Guidelines recommend that prior to considering surgical intervention for the shoulder, there should be clear cut clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In addition, there should be failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of the surgical lesion with activity limitation for more than four months. Official Disability Guidelines recommend that prior to considering arthroplasty of the shoulder, there should be six months of conservative treatment which is recommended and typically total shoulder arthroplasty is recommended over arthroplasty. The most common indication for total shoulder arthroplasty is osteoarthritis, but for hemiarthroplasty it is acute fracture. There is a high rate of satisfactory or excellent results after total shoulder arthroplasty for osteoarthritis but hemiarthroplasty offers less satisfactory results most likely related to the use of the procedure for trauma. In a study in 2005 under the study name of Bryant, at a minimum of two years follow up, total shoulder arthroplasty provided better functional outcomes than hemiarthroplasty for patients with osteoarthritis of the shoulder. Currently, there is no documentation the claimant has pursued a continuous course of non-surgical conservative treatment, which should include anti-inflammatories, intra-articular steroid injections, physical therapy, and a home exercise program prior to considering hemiarthroplasty. The MRI and physical exam objective findings presented for review also suggest that the claimant not only has significant arthritis on the humeral side of the shoulder joint, but also on the glenohumeral side and it is not clear why hemiarthroplasty is being requested as opposed to total shoulder arthroplasty, which has superior results in the setting of end-stage osteoarthritis. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines, the request for hemiarthroplasty of the right shoulder cannot be considered medically necessary.

**Pre-op labs, unspecified:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associate services are medically necessary.

**Electrocardiography (EKG):** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associate services are medically necessary.

**History and Physical:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associate services are medically necessary.

**Post-op Physical therapy times12:** Upheld

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

**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 associate services are medically necessary.