

Case Number:	CM14-0131122		
Date Assigned:	08/20/2014	Date of Injury:	08/17/1992
Decision Date:	09/22/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 Occupational Medicine 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 65-year-old male with an 8/17/92 injury date. He was employed for many years as a limousine driver and has a history of cumulative trauma and multiple car accidents. A 6/24/14 progress note reports that the patient has not had any left shoulder treatment to date. Subjective complaints include constant left shoulder pain, grinding, and numbness and tingling in the arms. Objective findings include restricted and painful left shoulder range of motion, tender shoulder musculature, and pain in the bicipital groove, mild muscle weakness, and positive impingement sign. A left shoulder MRI on 3/31/14 revealed far advanced/end stage degenerative arthrosis of the glenohumeral joint. Diagnostic impression: left shoulder osteoarthritis. Treatment to date: none documented. A UR decision on 7/15/14 denied the request for left total shoulder replacement, distal clavicle excision, on the basis that there was no evidence of prior conservative treatment of at least six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TOTAL SHOULDER REPLACEMENT DISTAL CLAVICLE EXCISION LEFT SHOULDER:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-SHOULDER (ACUTE AND CHRONIC).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

Decision rationale: CA MTUS states that surgical consultation may be indicated for patients who have: Red-flag conditions; Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. ODG states that shoulder arthroplasty is a safe and effective procedure for patients with osteoarthritis or rheumatoid arthritis. Wheelers' Textbook of Orthopaedics indicates that hemiarthroplasty is considered in young patient w/ OA, posttraumatic dz, AVN, or massive RTC tear. A trial of conservative treatment of at least six months is generally recommended, including NSAIDs, physical therapy, and intra-articular steroid injections. In the present case, there is no evidence of even a single method of a first-line conservative treatment method. Therefore, the request for 1 total shoulder replacement distal clavicle excision left shoulder is not medically necessary.

18 POST-OP PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

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

1 VALLEY PRESBYTERIAN 1 DAY INPATIENT: 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 (ACUTE AND CHRONIC).

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.

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

1 PRE-OP MEDICAL CLEARNACE WITH INTERNAL MEDICAL ASSOCIATES:
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 (ACUTE AND CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing).

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

1 ULTRA SLING:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

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.

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