

<b>Case Number:</b>	CM14-0131632		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 62 year old male with a 12/19/13 injury date. He sustained an injury while at work from heavy lifting and repetitive motion. He has been on modified duty since the injury. Subjective complaints on 7/15/14 include right shoulder pain and crepitus with all motions and difficulty with activities of daily living. Objective findings on 7/15/14 include right shoulder abduction to 110 degrees, forward flexion to 110 degrees, and external rotation strength of 4+/5. There is pain with all shoulder movements and the anterior joint line is tender to palpation. A right shoulder MRI on 2/16/14 showed severe generative change of the glenohumeral joint, biceps tendinopathy, and labral tear. Right shoulder xrays demonstrate findings consistent with osteoarthritis. The patient last saw [REDACTED], orthopedic shoulder specialist, on 1/6/14. Diagnostic impression show: right shoulder osteoarthritis. Treatment to date includes medication management, physical therapy, and home exercise. A prior UR decision dated 8/6/14 denied the request for right total shoulder replacement on the basis that there has not been any recent orthopedic evaluation and no record exists of prior cortisone injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Total Replacement QTY #1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (updated 7/29/14).

**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.

**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 range of motion 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. Wheels' Textbook of Orthopedics indicates that hemiarthroplasty is considered in young patients w/ OA, posttraumatic dz, AVN, or massive RTC tear. In the present case, the patient meets several criteria for surgical referral as follows: activity limitation for more than four months, plus existence of a surgical lesion, failure to increase range of motion and strength even after exercise programs, clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. There appears to be limited evidence that prior shoulder cortisone injections are mandatory prior to considering total shoulder arthroplasty for severe osteoarthritis. This patient has attempted other conservative treatment modalities including NSAIDs and physical therapy. The patient has been seeing [REDACTED], orthopedic shoulder specialist. Although the last note provided was from 1/8/14, it was clear that they were considering and anticipating total shoulder replacement. Therefore, the request for right shoulder total replacement, quantity #1, is medically necessary.