MAXIMUS Federal Services

Case Number:	CM14-0020421		
Date Assigned:	04/25/2014	Date of Injury:	07/05/2005
Decision Date:	07/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/18/2014

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:

The claimant is a 56-year-old female who sustained injuries to the bilateral shoulders on 07/05/05. The records provided for review include a clinical report on 12/17/13 noting bilateral shoulder complaints since the claimant was initially when a cabinet fell on her. Specific to the left shoulder, the documentation indicates a prior rotator cuff repair performed in 2011 and that a postoperative MRI scan of 2012 showed no recurrent rotator cuff tearing. The records also document that the claimant has right shoulder complaints for the diagnosis of impingement and tendinosis. There is no documentation of prior right shoulder surgeries. Physical examination showed the left shoulder to have 130 degrees of forward flexion, no documented weakness; the right shoulder had forward flexion to 170 degrees with no other significant findings documented. The report states that the claimant had bilateral shoulder MRI scans performed "today in the clinic" with the right shoulder showing osteophytes about the humerus and mild glenohumeral joint degenerative changes and the left shoulder showing osteoarthritis of the glenohumeral joint. Recent treatment was not noted. It states at that time "we will obtain an MRI of the right shoulder to evaluate for rotator cuff tear." The recommendation was also made for left total shoulder arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER TOTAL SHOULDER REPLACEMENT WITH BICEPS TENODESIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Arthroplasty (shoulder).

Decision rationale: California ACOEM and MTUS Guidelines do not address total shoulder arthroplasty; the Official Disability Guidelines were referenced for the issue above. The documentation provided for review does not identify any conservative treatment offered to this individual for his complaints. There is no documentation of physical examination findings that would support need for the proposed surgery. While imaging demonstrated degenerative change, the lack of physical examination findings and conservative measures would fail to support the need for left total shoulder arthroplasty. Therefore, the request for left shoulder total shoulder replacement with biceps tenodesis is not medically necessary and appropriate.

2-3 DAY LENGTH OF STAY: 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.

LABS TO INCLUDE CBC, CMP, PT, PTT: 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.

EKG: 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.

CHEST X-RAY: 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.

POST-OPERATIVE PHYSICAL THERAPY 3 X WEEK FOR 6 WEEKS: 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.

CT SCAN OF THE LEFT SHOULDER WITHOUT CONTRAST: 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.

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST: 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.