MAXIMUS Federal Services

Case Number:	CM14-0020767		
Date Assigned:	04/30/2014	Date of Injury:	02/07/2012
Decision Date:	07/21/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 patient is a 56-year-old female who was injured on 02/07/12. The clinical records for review include a progress report of 03/10/14 describing tightness and burning in the left shoulder with continued pain despite the recent use of medications. The progress report documents that the claimant was injured while carrying and picking up objects. Conservative treatment to date has included medication management, injection therapy, work restrictions and activity modification. Physical examination of the shoulder showed forward flexion to only 70 degrees and abduction to 60 degrees. There was no tenderness to palpation. The claimant was documented to be status post left shoulder hemiarthroplasty with a biologic glenoid implant on 02/19/13 and described to be "getting worse." It was documented that there was subluxation with irregular wearing of the glenoid. A reverse total shoulder was recommended. Plain film radiographs were not documented on that date and there were no imaging reports for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT REVERSE TOTAL SHOULDER ARTHROPLASTY: Overturned

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), Shoulder Chapter,

Reverse Shoulder Arthroplasty, and Milliman Care Guidelines, 18th edition: Inpatient and Surgical Care, Reverse total shoulder replacement, Shoulder Arthroplasty.

Decision rationale: The California MTUS and ACOEM Guidelines do not address reverse shoulder arthroplasty. The Official Disability Guidelines (ODG) and the Milliman Care Guidelines were used instead. The guidelines recommend reverse total shoulder implementation for the treatment of comminuted humeral fractures, irreparable rotator cuff or glenohumeral arthropathy, or failed hemiarthroplasty or failed total shoulder arthroplasty. When specifically looking at replacement due to previous hemiarthroplasty procedure, there needs to be indication of instability of the glenoid or humeral component, fracture, mechanical failure, implant or glenoid erosion. In this case, the treating provider documents that this individual has instability at the glenoid with proximal migration and glenoid erosion. This documentation would support the role of a reverse total shoulder arthroplasty, particularly given this individual's failed conservative care and positive examination findings that show significantly restricted range of motion and strength. As such, the request for left reverse total shoulder arthroplasty is medically necessary and appropriate.

PURCHASE SLING A4565: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Postoperative abduction pillow/sling.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address the use of a sling for this procedure. The Official Disability Guidelines (ODG) supports the use of a sling following this procedure. Therefore, the use of a sling following the above surgical procedure would be supported as medically necessary.

TWELVE (12) SESSIONS OF POSTOPERATIVE PHYSICAL THERAPY: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines also would support twelve sessions of postoperative physical therapy as the need for operative intervention has been established. As such, the request is certified.