

Case Number:	CM14-0020948		
Date Assigned:	04/30/2014	Date of Injury:	09/02/1994
Decision Date:	06/09/2014	UR Denial Date:	01/20/2014
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 Pennsylvania. 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 57-year-old female who was injured in a work related accident on September 2, 1994. The records provided for review document left knee and left shoulder complaints. Specific to the claimant's left shoulder, a March 10, 2014 progress report documented a diagnosis of osteoarthritis for which the claimant recently received a corticosteroid injection that only provided temporary relief. Physical examination showed painful and diminished range of motion to 90 degrees of forward flexion and 80 degrees of abduction. It was documented that plain film radiographs showed severe degenerative changes to the glenohumeral joint. The report documented that the claimant had failed conservative measures and total shoulder arthroplasty was recommended due to the claimant's severe osteoarthritis and non-responsiveness to non-steroidal medication, physical therapy, activity modifications and the previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL SHOULDER REPLACEMENT: 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 ODG, Treatment In Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure - Arthroplasty (Shoulder).

Decision rationale: California ACOEM and MTUS Guidelines do not address this request. Based on the Official Disability Guidelines, total shoulder arthroplasty would be supported. This individual has failed pharmacological and non-pharmacological conservative treatment to the shoulder and is with end-stage degenerative change. The role of arthroplasty to improve function and pain complaints would be indicated as medically necessary.

COLD THERAPY UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): (s) 201-205. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous Flow Cryotherapy.

Decision rationale: California ACOEM Guidelines would not support the purchase of a cryotherapy unit. While ACOEM Guidelines recommend the topical application of ice and cold in the acute setting, there is no timeframe for the duration of use of the cold therapy unit. The ODG Guidelines only recommend the use of a cold therapy unit for seven days including home use. The absence of documentation regarding the length of time for use of the cold therapy unit would not support the request.

ABDUCTION SLING: Upheld

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 ODG, Treatment In Worker's Comp , 18th Edition, 2013 Updates: Shoulder Procedure - Postoperative Abduction Pillow Sling.

Decision rationale: California MTUS and ACOEM Guidelines do not address the use of this type of sling postoperatively. When looking at Official Disability Guideline criteria, an abduction sling would not be indicated. Abduction slings are recommended for open repair of large or massive rotator cuff tears. There is currently no indication for use of an abduction sling in the setting of a total shoulder arthroplasty. The specific request would not be supported.

POST OPERATIVE PHYSICAL THERAPY (12 SESSIONS): 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: California MTUS Postsurgical Rehabilitative Guidelines would support twelve sessions of initial postoperative therapy. The need for operative intervention in this case has been established, thus supporting the role of initial physical therapy.