

<b>Case Number:</b>	CM14-0025057		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Mississippi. 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 injured worker is a 58 year-old male reportedly injured on January 7, 2013. No specific mechanism of injury is noted, just participating in the usual and customary occupational activities. Imaging studies noted a rotator cuff tear which was treated with arthroscopic intervention in April, 2013. The most current physical examination (dated March 20, 2014) notes ongoing complaints of shoulder pain that the injured worker is able to continue working. Multiple medications were employed. The physical examination notes a slight reduction to shoulder flexion, full extension, extension and internal rotation. Motor function is noted to be 5/5 and both shoulders. The clinical assessment is a chronic rotator cuff tear acromioclavicular joint arthritis. Multiple sessions of physical therapy have been completed. The physical examination notes this is a 5'8", 175 pound individual to be no acute distress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REVERSAL TOTAL LEFT SHOULDER ARTHROPLASTY TO BE DONE AT [REDACTED]**  
[REDACTED]: Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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, UPDATED APRIL 25, 2014.

**Decision rationale:** When considering the date of injury, the mechanism of injury, the findings on physical examination and the surgical treatment rendered, there is no clinical indication for a reverse total shoulder. It is noted that acromial clavicular and rotator cuff repair had been completed. The most recent physical examination reviewed noted a well-healed surgical scar, a limited range of motion and the need for more surgical intervention. However, this was prior to the aggressive rebuilding therapy completed. There is insufficient information presented to support request. This request is not medically necessary.

**THREE DAY IN PATIENT STAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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, UPDATED APRIL 25, 2014.

**Decision rationale:** As the surgical procedure is not medically necessary, this request is negated and not medically necessary.

**POST OPERATIVE PHYSICAL THERAPY 3 X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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, UPDATED APRIL 25, 2014.

**Decision rationale:** As the surgical procedure is not medically necessary, this request is negated and not medically necessary.