

<b>Case Number:</b>	CM14-0025069		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/21/2014
<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 Texas. 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 50-year-old male who reported an injury on 05/05/2011. The original mechanism of injury was lifting a patient. The documentation indicated the injured worker reinjured his shoulder on 04/05/2013 lifting a 400-pound patient. The injured worker had a subacromial decompression and Mumford procedure in 2011. In 2012, the injured worker had an arthroscopic debridement of the labrum and biceps tenodesis. In 2013, the injured worker had a diagnostic arthroscopy with noted defects in the humeral head with a full-thickness delamination and completed chondroplasty of the humeral head. The post operative treatments included: physical therapy, bracing, steroid injection, and medications. The diagnosis included: right shoulder impingement, right shoulder AC joint arthritis, right biceps tendinitis, and right humeral head chondromalacia. The injured worker underwent an MRI of the right shoulder without contrast on 01/17/2014 which revealed an extensive metallic artifact obscuring the proximal humeral shaft partially overlapping the proximal metaphysis, presumably related to anchor or screw placement in the setting of biceps tendon repair in the interim since the 12/15/2011 study. There was no more than a minimal fibrous remnant of the presumably torn and distally retracted biceps tendon at the level of the bicipital groove. There were again demonstrated postsurgical changes from apparent acromioplasty and excision of the distal clavicle with no evidence of residual impingement. There was again demonstrated mild to moderate supraspinatus tendinosis/tendinitis with no evidence of a tear. There was mild to moderate subscapularis tendinosis/tendinitis with no evidence of a tear. There was a small shoulder joint effusion that had increased in size since the prior study, possible indicative of a mild nonspecific synovitis. There were some degenerative changes along the posterolateral aspect of the humeral head with borderline suspicion for an old Hill-Sachs deformity similar to previous. There was demonstrated failure extensive labral tearing with increased blunting of the

posterior superior fibrocartilagenous labrum compared to the prior study and possibly some subtle tearing at the base of the labral remnant in that area. There was suspected more subtle tearing of the anterior superior labrum including the area of the presumably avulsed biceps tendon detachment. There was an ill-defined tearing of the anterior labrum with moderate to marked thickening/scarring of the anterior joint capsule, as well as moderate to marked periosteal stripping that may be partially scarred down to the anterior osseous labrum appearing slightly exacerbated compared to the prior study. The examination of 05/01/2014 revealed the injured worker still had complaints of increased pain. The pain was unchanged. The treatment plan included a possible hemiarthroplasty and postoperative physical therapy, as well as a pain pump.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT SHOULDER HEMIARTHOPLASTY: 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): 209-211.

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder, even after exercise programs, plus clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long-term and short-term from surgical repair. The clinical documentation submitted for review indicated the injured worker had imaging evidence of a lesion that had been shown to benefit in both the long-term and short-term from surgical repair. However, there was a lack of documentation of activity limitation, failure to increase range of motion and strength of the musculature around shoulder even after exercise programs, and there was a lack of documentation of an objective physical examination to support the necessity for the surgery. Given the above, the request for right shoulder hemiarthroplasty is not medically necessary.

#### **POSTOP PHYSICAL THERAPY, RIGHT SHOULDER TIMES 12: 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:** As the requested surgical intervention is not supported by the documentation; the requested ancillary service (Physical Therapy) is also not supported and is not medically necessary.

#### **Q PAIN PUMP THREE TO FOUR TIMES A DAY FOR FOUR 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:** As the requested surgical intervention is not supported by the documentation; the requested ancillary service (Q Pain Pump) is also not supported and is not medically necessary.