

Case Number:	CM14-0032719		
Date Assigned:	06/20/2014	Date of Injury:	08/26/2013
Decision Date:	07/29/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/14/2014

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 52-year-old male with reported injury date of 8/26/13. Mechanism of injury is reported to occur when pulling a package from rear cargo area and noticed right shoulder pain. Exam note 9/10/13 demonstrates persistent right shoulder pain with weakness despite anti-inflammatories and physical therapy. Patient with noted range of motion that is full with 4/5 forward flexion strength against resistance. PT evaluation demonstrates on 9/20/13 that 8 visits of PT had been completed. MRI right shoulder 9/30/13 demonstrates advanced degenerative changes throughout the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reconstruct right shoulder joint-open hemiarthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210, Postsurgical Treatment Guidelines Page(s): 10,27. Decision based on Non-MTUS Citation 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, Arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on this issue of shoulder replacement. According to the ODG Shoulder section, arthroplasty, "The most common indication for total shoulder arthroplasty is osteoarthritis, but for hemiarthroplasty it is acute fracture. There was a high rate of satisfactory or excellent results after total shoulder arthroplasty for osteoarthritis, but hemiarthroplasty offered less satisfactory results, most likely related to the use of this procedure for trauma." In this case it is unclear why a hemiarthroplasty is being requested for symptomatic shoulder arthritis which is present in the records from 9/10/13. Therefore, guideline criteria has not been met as total shoulder is superior for osteoarthritis. Therefore, the requested Reconstruct Right Shoulder Joint-Open Hemiarthroplasty is not medically necessary.