

<b>Case Number:</b>	CM14-0034245		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/12/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 50-year-old man who sustained an injury to the shoulder on January 12, 2003. Clinical records provided for review document that the claimant has undergone multiple surgeries for the shoulder including revision rotator cuff repairs. The report of a follow up MR arthrogram dated November 07, 2013 identified glenohumeral degenerative changes with fraying of the labrum and postsurgical changes of the rotator cuff with no recurrent tearing. The report of the January 27, 2014 follow up office visit noted ongoing complaints of pain with 4/5 strength and residual impairment. Range of motion was documented to show 125 degrees of forward flexion and abduction. Recommendation at that time was for referral for a total shoulder arthroplasty. The report of the follow up office visit on February 18, 2014 documented that the claimant was a reasonable candidate for total shoulder arthroplasty. The report fails to identify further conservative care or physical examination findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total Shoulder Replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter Arthroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013, Shoulder Procedure - Arthroplasty (shoulder).

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address total shoulder replacement. Based on Official Disability Guidelines, the request for total shoulder arthroplasty would not be indicated. The medical records provided for review document degenerative arthritis of the glenohumeral joint but fail to identify conservative treatment that has been utilized in regards to the shoulder in the recent setting. Though it is noted that this individual has undergone prior shoulder surgeries, the lack of documentation of conservative measures would fail to support the need of shoulder arthroplasty. Official Disability Guidelines recommend a trial of conservative treatment for six months prior to consideration for total shoulder replacement.

**Pre-Operative Clearance:** 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:** The request for total shoulder replacement is not recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not medically necessary.

**Post-Operative Rehabilitation therapy (12 sessions, 3 times per week for 4 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:** The request for total shoulder replacement is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not recommended as medically necessary.

**CPM Device, Initial period of 45 days:** 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:** The request for total shoulder replacement is not recommended as medically necessary. Therefore, the request for the postoperative use of a CPM device is also not medically necessary.

**Surgi-Stim unit Initial period of 90 days: 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:** The request for total shoulder replacement is not recommended as medically necessary. Therefore, the request for a surgical stim unit is also not medically necessary.

**Coolcare cold therapy unit: 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:** The request for total shoulder replacement is not recommended as medically necessary. Therefore, the request for a cryotherapy device is also not medically necessary.