

<b>Case Number:</b>	CM14-0034471		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/19/2007
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/21/2014
<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 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:

This is a 57-year-old gentleman who was injured on 6/19/07. The records provided for review are specific to the claimant's right shoulder for which the claimant has been recommended to have a total shoulder arthroplasty. The records note that the claimant is status post a prior left total shoulder arthroplasty. The 2/12/14 progress report notes bilateral shoulder complaints; specific to the right shoulder the claimant complains of pain with a "clicking sensation." There is documentation of pain at rest, night pain, and pain that inhibits activities of daily living. Physical examination of the right shoulder documented tenderness to palpation, weakness at 90 degrees, and difficulty with elevation. There was no documentation of imaging results. The report of an MRI dated 2008 showed moderate osteoarthritic changes of the acromioclavicular joint and impingement findings. No additional imaging studies of the right shoulder were provided. The medical records do not identify recent conservative care for the claimant's right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total shoulder arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

**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, 2014 Updates: shoulder procedure - Arthroplasty (shoulder).

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this topic. The Official Disability Guidelines state that shoulder arthroplasty is only indicated for selective individuals with a diagnosis of end stage degenerative changes that have failed conservative measures. The records provided for review do not contain any imaging studies that identify advanced degenerative arthrosis of the shoulder. There is also no documentation of recent conservative treatment. The lack of imaging and conservative treatment would fail to support the acute need of shoulder arthroplasty.

**1 day stay:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**24 post op physical therapy visits:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 Ultra sling:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.