

<b>Case Number:</b>	CM14-0045245		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/14/2006
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 claimant is a 66 year old female who injured her left shoulder on 07/14/06. The clinical records provided for review include the 02/18/14 progress report describing left shoulder weakness and pain. It was documented that plain film radiographs showed no acute osseous abnormality. Records also document that the claimant is status post four prior rotator cuff repair procedures with poor tissue quality and recurrent tearing on recent imaging. Physical examination showed restricted active and passive range of motion and diminished strength globally. Based on failed conservative care, the claimant's tissue presentation and multiple prior procedures, the recommendation was made for a reverse shoulder arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER REVERSE ARTHROPLASTY AND BICEPS TENODESIS:**

Overtaken

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines do not address this request. When looking at the Milliman Care Guidelines, the claimant is a reasonable candidate for the left shoulder reverse arthropasty and biceps tenodesis. She has failed multiple prior rotator cuff repair procedures and now has global weakness and lack of function. She has failed a reasonable conservative treatment. Given the documentation of the claimant's functional disability and clinical presentation including imaging, the role of operative intervention would be supported as medically necessary.

**TWO POST OP VISITS - ONE WK. AFTER SURGERY AND 2 WKS. AFTER SURGERY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Based on the California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the request for two post-operative visits in the time frame outlined would also be medically necessary to monitor the claimant's healing process and recovery.