

<b>Case Number:</b>	CM14-0070871		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 50-year-old male ER technician sustained an industrial injury on 5/5/11 relative to lifting a patient. Re-injury was reported on 4/5/13 lifting a 400-pound patient. Past surgical history was positive for right shoulder arthroscopic subacromial decompression and distal clavicle excision on 8/10/11 and right shoulder arthroscopic coracoacromial ligament resection, rotator cuff debridement, and labral tear debridement on 2/24/12. The patient underwent right shoulder diagnostic arthroscopy with extensive debridement of the labrum and articular surface of the humeral head with chondroplasty, subacromial decompression, and distal clavicle excision on 6/17/13. The operative report noted blistering of the articular surface of the humeral head and cocking, with an apparent full thickness lesion, and an abrasion chondroplasty was performed. The 1/17/14 right shoulder MRI impression documented some degenerative changes along the posterior lateral aspect of the humeral head with borderline suspicion for an old Hill-Sach deformity. Marrow signals intensities were otherwise preserved at the level of the humeral head and neck, as well at the body glenoid labrum, with no evidence of occult fracture or avascular necrosis. There was fairly extensive labral tearing with increased blunting of the posterior superior fibro cartilaginous labrum compared to the prior study and possibly some subtle tearing at the base of the labral remnant in that area. The 5/3/14 treating physician report stated that the patient had severe pain, loss of range of motion to 90 degrees flexion and abduction, acromioclavicular joint arthritis, partial bicep's tear, and humeral head chondromalacia. The patient had functional difficulty in everyday activities, lifting, pulling, and carrying. He had marked pain on elevation and positive impingement, Neer's, and O'Brien's signs. There was rotator cuff weakness in abduction, external rotation, and internal rotation. The treating physician opined that if the patient did not undergo right shoulder hemiarthroplasty or arthroscopy, he would lose full range of motion and have severe shoulder impingement and deformity. The

5/13/14 utilization review denied the request for right shoulder possible hemiarthroplasty versus arthroplasty of the right shoulder acromioclavicular joint and associated pre- and post-op requests. The denial was based on an absence of documentation of the level of damage to the humeral head and conservative treatment trials with steroid injections. The MRI imaging was not impressive for glenohumeral arthritis.

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

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

#### **Right Shoulder Hemiarthroplasty vs. Arthroplasty Quantity: 1.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 (shoulder).

**Decision rationale:** The California MTUS does not provide recommendations for these procedures. The Official Disability Guidelines recommend arthroplasty after 6 months of conservative treatment for selected patients. Total shoulder arthroplasty is generally recommended over hemiarthroplasty in severe degenerative cases. Surgical indications include glenohumeral osteoarthritis with severe pain preventing a good night's sleep or functional disability that interferes with activities of daily living or work, positive radiographic findings of shoulder joint degeneration, and failure of at least 6 months of conservative treatment. Peer-reviewed literature for Arthroplasty related to case studies for indications other than proximal humeral fracture management. Guideline criteria have been met. There is arthroscopic and MRI imaging evidence of significant glenohumeral osteoarthritis. There is literature evidence to support the efficacy of less invasive (other than total replacement) arthroplasty for degenerative joint disease. Reasonable non-operative (and operative) treatment has been tried and failed. Therefore, this request for right shoulder hemiarthroplasty vs. arthroplasty is medically necessary.

#### **Postoperative Physical Therapy, right shoulder Quantity: 12.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for shoulder arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment

may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. The current request for initial post-op therapy is consistent with guidelines. Therefore, this request for post-operative physical therapy for the right shoulder, 12 sessions, is medically necessary.

**Preoperative Clearance Quantity: 1.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request for pre-operative clearance is medically necessary.