

Case Number:	CM14-0073990		
Date Assigned:	07/16/2014	Date of Injury:	10/07/2012
Decision Date:	10/07/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 64 year old female who sustained an industrial injury on 10/07/2012. She underwent right shoulder arthroscopy with extensive glenohumeral joint debridement on 3/30/2013. Postoperatively, treatment has included anti-inflammatory medications, physical therapy, and an injection. According to the 3/4/2014 progress report, the patient complains of persistent pain. She attempted to return to normal work and had difficulty. Physical examination reveals no tenderness with palpation of the right shoulder, restricted ROM with 150 degrees flexion 140 degrees abduction, 50 degrees extension and adduction, 60 degrees IR and 70 degrees ER. There is no instability, negative sulcus sign and apprehension test. Sensation is intact, motor strength is 5/5 and reflexes 2+ throughout the bilateral upper extremities. Assessment is status post right shoulder rotator cuff repair with persistent tearing of the cuff and failure of repair. Shoulder replacement surgery is recommended. Work status is return to work with restrictions. The 4/1/2014 progress report indicates the patient has failed conservative interventions including therapy, anti-inflammatories, injection and activity modification. She is NOT interested in proceeding with right shoulder arthroplasty. Physical examination indicates no tenderness with palpation of the right shoulder, restricted ROM with 120 degrees flexion 120 degrees abduction, 50 degrees extension and adduction, 60 degrees IR and 60 degrees ER. There is no instability, negative sulcus sign and apprehension test. Sensation is intact, motor strength is 5/5 and reflexes 2+ throughout the bilateral upper extremities. Shoulder replacement surgery is recommended. She continues work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

right Shoulder Reverse Arthroplasty: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Reverse shoulder arthroplasty

Decision rationale: CA MTUS guidelines do not specifically discuss this surgery but states referral for surgical consultation may be indicated for patients who have: - Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) - Activity limitation for more than four months, plus existence of a surgical lesion - Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion - Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. According to the ODG, reverse shoulder arthroplasty is recommended as indicated below. Reverse shoulder arthroplasty is often used for people who have shoulder arthritis coupled with an irreparable rotator cuff tear, and it is also performed for patients with very complex shoulder problems, including those with failed previous surgical treatments. In the case of this patient, the medical records fail to establish she meets all the necessary criteria for reverse shoulder arthroplasty. She is status post right shoulder arthroscopy and glenohumeral joint debridement 3/30/2014. There is no evidence to support she has a non-functioning irreparable rotator cuff and glenohumeral arthropathy. She has 5/5 motor strength and good functional ROM of the shoulder. There are no current MRI studies of the right shoulder. Additionally, there is no evidence of intractable pain, and she is able to work with modifications. The medical records do not support that this patient is a candidate for right shoulder reverse arthroplasty. The request is not medically necessary.