

Case Number:	CM14-0074214		
Date Assigned:	07/16/2014	Date of Injury:	08/24/2012
Decision Date:	11/06/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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 67 year old claimant with reported industrial injury of 8/24/12. The medical records were reviewed. Exam note from 4/25/14 demonstrates complaint of continuous bilateral shoulder pain. Examination demonstrates positive crepitation. Impingement and Hawkin's sign is noted to be positive. Operative report from 3/15/13 demonstrates right shoulder arthroscopic repair of rotator cuff with AC joint arthroplasty and extensive debridement with subacromial decompression. Exam note 4/25/14 demonstrates complaints of continued bilateral shoulder pain. Exam demonstrates positive crepitation with impingement. Positive Hawkins sign is noted with limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total shoulder arthroplasty, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery - Rotator Cuff Repair; Official Disability Guidelines: Indications for Surgery - Acromioplasty; Official Disability Guidelines: Indications for Surgery Shoulder Arthroplasty

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

Decision rationale: The California MTUS/ACOEM is silent on this issue of shoulder replacement. According to the Official Disability Guidelines Shoulder section, arthroplasty "The most common indication for total shoulder arthroplasty is osteoarthritis, but for hemiarthroplasty it is acute fracture. There was a high rate of satisfactory or excellent results after total shoulder arthroplasty for osteoarthritis, but hemiarthroplasty offered less satisfactory results, most likely related to the use of this procedure for trauma." Shoulder arthroplasty is indicated for glenohumeral and acromioclavicular osteoarthritis with severe pain with positive radiographic findings and failure of 6 months of conservative care. In this case, there is insufficient evidence of failed conservative management and formal radiographic reports demonstrating osteoarthritis on 4/25/14. Guideline criteria have not been met for a total shoulder. Therefore, this request is not medically necessary.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidelines.gov/content.aspx> Preoperative Evaluation

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Open Rotator Cuff Repair Subacromial Decompression, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery - Rotator Cuff Repair; Official Disability Guidelines: Indications for Surgery - Acromioplasty; Official Disability Guidelines: Indications for Surgery Shoulder Arthroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, acromioplasty surgery

Decision rationale: According to the California MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The Official Disability Guidelines shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 4/25/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 4/25/14 does not demonstrate evidence satisfying the above criteria. Therefore, this request is not medically necessary.