

Case Number:	CM14-0079785		
Date Assigned:	07/18/2014	Date of Injury:	06/06/2011
Decision Date:	08/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/30/2014

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 Orthopaedic 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 56-year-old male sustained an industrial injury on 6/6/11, relative to cumulative trauma. The past surgical history was positive for left shoulder replacement and right total knee arthroplasty. The patient underwent open reduction and internal fixation of a fractured right patella on 7/27/13 with hardware removal on 1/31/14. The 5/21/14 treating physician report cited moderate right shoulder pain and weakness. The physical exam findings documented right shoulder range of motion with abduction 150, flexion 150, and internal rotation to 60 degrees. There was some slight anterior laxity. Neer and Hawkin's impingement tests were positive. Speed and O'Brien's tests were positive. The patient was awaiting right shoulder replacement. Right shoulder x-rays on 3/21/14 were reported showing moderate degenerative joint disease and possible widening of the glenohumeral joint. The 5/23/14 utilization review denied the request for right total shoulder replacement, subacromial decompression and possible rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Shoulder Replacement, Subacromial Decompression, Possible Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines www.clinicalevidence.com - Musculoskeletal Disorders; Condition: Shoulder Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Arthroplasty (shoulder), Surgery for rotator cuff repair, Surgery for impingement syndrome.

Decision rationale: The California MTUS does not provide specific recommendations for total shoulder replacement. The ACOEM guidelines for rotator cuff tears and impingement syndrome that surgery is reserved for cases failing conservative treatment, including injections, for 3 months. The Official Disability Guidelines recommend arthroplasty for selected patients. Surgical indications include glenohumeral or acromioclavicular joint 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. The Guideline criteria have not been met. There is no detailed documentation that comprehensive guideline-recommended conservative treatment had been tried for at least six months and failed. There is no imaging reports available, x-rays reportedly showed moderate degenerative joint disease. There is no specific functional assessment provided relative to the right shoulder. Therefore, this request for right total shoulder replacement, subacromial decompression, and possible rotator cuff repair is not medically necessary.