MAXIMUS Federal Services

Case Number:	CM14-0086239		
Date Assigned:	07/23/2014	Date of Injury:	06/19/2007
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Sports Medicine 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 injured worker is a 56-year-old male who reported an injury on 06/19/2007. The mechanism of injury was not specifically stated. The current diagnosis is end stage glenohumeral arthritis in the right shoulder. The injured worker was evaluated on 02/11/2014 with persistent shoulder pain, swelling and clicking sensation. It was noted that the injured worker has failed conservative therapy for the right shoulder including multiple steroid injections and physical therapy. Physical examination on that date revealed tenderness to palpation, crepitus and weakness at 90 degree elevation with full internal rotation. Treatment recommendations included a right total shoulder versus reverse total shoulder arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroplasty vs. Reverse Total Shoulder 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 (ODG), Indications for Surgery: Reverse Shoulder Arthroplasty Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

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 Chapter, Arthroplasty (shoulder).

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs and clear clinical and imaging evidence of a lesion. Official Disability Guidelines state a shoulder arthroplasty may be indicated for glenohumeral and acromioclavicular joint osteoarthritis, post-traumatic arthritis or rheumatoid arthritis. There should be evidence of severe pain or functional disability, positive radiographic findings, conservative therapy for at least 6 months and anticytokine agents for rheumatoid arthritis. As per the documentation submitted, it is noted that the injured worker has been previously treated with physical therapy and injections. However, there were no radiographic findings provided for this review. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request of Right Shoulder Arthroplasty versus Reverse Total Shoulder Arthroplasty is not medically necessary and appropriate.

1 Pre-Op Clearance with specialist: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

24 Physical Therapy visits: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Ultra Sling: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Cold Therapy unit: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.