

Case Number:	CM14-0094530		
Date Assigned:	07/25/2014	Date of Injury:	10/31/2003
Decision Date:	09/24/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 65 year old female with a 10/31/03 injury date. The mechanism of injury involved a school bus accident. In a follow-up on 4/16/14, subjective complaints included persistent right shoulder pain. Objective findings included right shoulder tenderness, positive impingement signs, positive drop arm test, and limited range of motion. A right shoulder MRI on 3/6/14 showed a chronic full thickness of the supra- and infraspinatus tendons, a subscapularis tendon tear, and arthritic changes of the glenoid and humeral head. A right reverse shoulder arthroplasty was recommended. Diagnostic impression: right shoulder cuff tear arthropathy. Treatment to date: right shoulder arthroscopy, 2008 and 2009; physical therapy; medication management, right shoulder injections. A UR decision on 6/2/14 denied the request for 1-2 day hospital stay on the basis that current guidelines only suggest a 1-day post-op length of stay. The request was modified by the reviewer to allow for a 1-day post-op hospital stay. The same decision certified the right shoulder arthroplasty as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-Two Day Hospital Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2013, Shoulder Chapter, Arthroplasty (shoulder), Hospital Length of Stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

Decision rationale: CA MTUS does not address this issue, as there are no specific post-surgical treatment guidelines found with respect to total shoulder arthroplasty. ODG shows a median stay of 2 days, and a mean stay of 2.3 days, after total shoulder arthroplasty. ODG recommends a post-op length of stay of 2 days after total shoulder arthroplasty. In the present case, the previous UR decision did certify the right shoulder arthroplasty procedure. Therefore, the request for 1-2 day hospital stay is medically necessary.