

<b>Case Number:</b>	CM14-0096828		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Texas. 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 70-year-old female who reported an injury on 09/08/2010 due to a slip and fall that reportedly caused injury to her left shoulder and low back. The injured worker's treatment history included physical therapy, medications, epidural steroid injections and immobilization of the shoulder. The injured worker was evaluated on 05/27/2014. It was noted that the injured worker had significant neck and right shoulder pain complaints. It was also noted that the injured worker had severely restricted range of motion of the left shoulder. The injured worker's physical examination revealed range of motion of the left shoulder described as 80 degrees in forward flexion, 70 degrees in abduction, 60 degrees in internal rotation, 10 degrees in external rotation, 20 degrees in extension and 30 degrees adduction secondary to significant pain. It was noted that x-rays were taken of the left shoulder that revealed a severe deformity of the humeral head as it was in a displaced position with the possible appearance of a posterior subluxation of the humeral head. The injured worker's diagnoses include severe cervical spondylosis, severe lumbar spondylosis, L2-3 compression fractures and left shoulder surgical neck displaced fracture. A request was made for a left shoulder total replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Total Replacment:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, 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 Chapter, Arthroplasty (shoulder).

**Decision rationale:** The requested left shoulder total replacement is medically necessary and appropriate. The California Medical Treatment Utilization Schedule Guidelines does not specifically address this surgical intervention. Official Disability Guidelines recommend total arthroplasty for injured workers who have post-traumatic arthritis with severe pain or functional disability, positive radiographic findings and failure to respond to conservative treatments for at least 6 months. The clinical documentation submitted for review does indicate that the injured worker has undergone conservative treatment for an extended period of time that has failed to provide significant relief for the injured worker's left shoulder pain. The injured worker's x-ray imaging does support that there is a significant deformity and post-traumatic arthritis of the left shoulder that would benefit from arthroplasty. Furthermore, the injured worker has significantly limited range of motion interfering with the ability to perform activities of daily living or work. Therefore, Left Shoulder Total Replacement would be indicated in this clinical situation and is medically necessary.