

Case Number:	CM14-0163167		
Date Assigned:	10/08/2014	Date of Injury:	12/28/2010
Decision Date:	09/28/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 68-year-old male who sustained an industrial injury on 12/28/10. Injury occurred when he tripped on carpet and fell, with onset of right shoulder pain. X-rays showed a humeral head fracture. Subsequent imaging documented a chronic non-union of the humeral neck fracture, severe osteoarthritis involving the glenohumeral articulation, and macerated labrum. He underwent right reverse total shoulder arthroplasty on 8/21/13. The 9/2/14 treating physician report cited increasing aching severe pain in his right shoulder with difficulty sleeping. He reported that when he had his arm down straight, he felt as if something was loose. He was walking with his arm up, as if it was in a sling. Current medications included Percocet, gabapentin, and Tramadol ER. He requested that he see a joint replacement specialist. Physical exam documented tenderness over the entire right shoulder with painful and severely limited range of motion. Right upper extremity motor testing was severely limited by pain. For the injured workers continued right shoulder pain status post reverse shoulder replacement, a joint replacement specialist consult was requested. The 9/19/14 utilization review non-certified this request for a joint replacement specialist consult for the right shoulder as there was no documentation of diagnostic imaging showing a specific lesion for surgical intervention, no clinical exam findings suggestive of a red flag, and no evidence that the injured worker had failed physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Joint replacement specialist for right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation for the shoulder is indicated for patients who have red-flag conditions, activity limitation for more than four months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and, clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical repair. Guideline criteria have been essentially met. This injured worker presents with severe right shoulder pain and dysfunction. He is status post reverse right total shoulder arthroplasty. Clinical exam findings are suggestive of potential hardware failure. Referral to the joint specialist for evaluation and treatment recommendations, including diagnostic studies, is reasonable. Therefore, this request is medically necessary.