

<b>Case Number:</b>	CM14-0185840		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	01/20/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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:

According to the records made available for review, this is a 70-year-old female with a 1/20/13 date of injury. At the time (10/2/14) of request for authorization for associated surgical service: 4 days inpatient stay and associated surgical service: 1 week skilled nursing facility stay, there is documentation of subjective (right shoulder pain) and objective (mild muscle wasting around the right shoulder, tenderness over the anterior and posterior aspects of the glenohumeral joint, decreased range of motion, 4/5 shoulder muscle strengths, and shoulder crepitus noted) findings, current diagnoses (degenerative joint disease of the right shoulder), and treatment to date (medications, physical therapy, and cortisone injections). Medical reports identify a right total shoulder arthroplasty and associated surgical service: 1 week skilled nursing facility stay that has been authorized/certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 4 days inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hospital length of stay (LOS) guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Hospital length of stay (LOS)

**Decision rationale:** MTUS does not address the issue. ODG identifies hospital LOS for up to 2 days in the management of Total shoulder replacement. Within the medical information available for review, there is documentation of a diagnosis of degenerative joint disease of the right shoulder. In addition, there is documentation of a right total shoulder arthroplasty that has been authorize/certified. However, the requested 4 days inpatient stay exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service 4 days inpatient stay is not medically necessary.