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| <b>Case Number:</b>   | CM14-0187920 |                              |            |
| <b>Date Assigned:</b> | 11/18/2014   | <b>Date of Injury:</b>       | 04/07/2011 |
| <b>Decision Date:</b> | 01/20/2015   | <b>UR Denial Date:</b>       | 10/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2014 |

### 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 Hand 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 56-year-old male who reported an injury on 04/07/2011, secondary to repetitive activity. The current diagnosis is osteoarthritis of the glenohumeral joint. The injured worker presented on 08/15/2014 with complaints of persistent right shoulder pain. The injured worker reported worsening symptoms and requested to proceed with surgical intervention. Previous conservative treatment was noted to include immobilization, medication management, home exercise, and injections. The injured worker is also noted to be status post right shoulder arthroscopy in 09/2011 and 12/2012. Physical examination revealed markedly limited range of motion, 60-90 degree active abduction, internal rotation limited to T12, and 91-120 degree active forward elevation. Treatment recommendations at that time included a total shoulder replacement. A Request for Authorization Form was then submitted on 10/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total shoulder replacement:** 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-TWC, ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter

**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:** The 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. The Official Disability Guidelines state a shoulder arthroplasty is indicated for glenohumeral and acromioclavicular joint osteoarthritis, post traumatic arthritis, or rheumatoid arthritis. There should be documentation of severe pain or functional disability that interferes with activities of daily living or work, positive radiographic findings, and at least 6 months of conservative therapy. As per the documentation submitted, the injured worker's physical examination does reveal markedly limited range of motion. However, there were no imaging studies or radiographic findings provided for review. Therefore, the current request cannot be determined as medically necessary.

**Associated surgical service: Assistant surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

**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.

**Associated surgical service: Pre-operative Chest x-ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment; Integrated Treatment/Disability Duration Guidelines, Low Back Chapter

**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.

**Associated surgical service: Pre-operative EKG: 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-TWC, Integrated Treatment/Disability Duration Guidelines, Low Back Chapter

**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.

**Associated surgical service: Pre-operative CBC:** 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-TWC, Integrated Treatment/Disability Duration Guidelines, Low Back Chapter

**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.

**Associated surgical service: Pre-operative Basic metabolic panel:** 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-TWC, Integrated Treatment/Disability Duration Guidelines, Low Back Chapter

**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.

**Associated surgical service: Pre-operative PT/PTT:** 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-TWC, Integrated Treatment/Disability Duration Guidelines, Low Back Chapter

**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.

**Associated surgical service: Pre-operative History and physical:** 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-TWC, Integrated Treatment/Disability Duration Guidelines, Low Back Chapter

**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.

**Associated surgical service: 8 sessions of Post-Operative Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.