

Case Number:	CM15-0000032		
Date Assigned:	01/09/2015	Date of Injury:	08/14/2014
Decision Date:	03/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/31/2014

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: California
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:

The injured worker is a 71 year old male who sustained an industrial injury on August 14, 2014. He reported left shoulder pain while exiting the cab of his truck. Diagnosis is degenerative disc disease of the left shoulder. A Computed tomography scan of the left shoulder done in September of 2014 revealed osteoarthritis and a possible undersurface tear of the anterior infraspinatus. Treatment to date has included diagnostic testing, pain management and physical therapy. Current documentation dated November 14, 2014 notes that the injured worker continued to have constant left shoulder pain. Physical examination revealed tenderness anteriorly and posteriorly. Range of motion was decreased. Active abduction was accompanied by pain and crepitus. On December 2, 2014 the injured worker submitted an application for IMR for review of an outpatient left shoulder replacement arthroscopy due to the constant pain. On December 9, 2014, Utilization Review non-certified the request for an outpatient left shoulder replacement arthroscopy. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder replacement arthroscopy: 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) Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Arthroplasty

Decision rationale: CA MTUS/ACOEM is silent on this issue of shoulder replacement. According to the ODG Shoulder section, arthroplasty the most common indication for total shoulder arthroplasty is osteoarthritis, but for hemiarthroplasty it is acute fracture. There was a high rate of satisfactory or excellent results after total shoulder arthroplasty for osteoarthritis, but hemiarthroplasty offered less satisfactory results, most likely related to the use of this procedure for trauma. Shoulder arthroplasty is indicated for glenohumeral and acromioclavicular osteoarthritis with severe pain with positive radiographic findings and failure of 6 months of conservative care. The exam notes of 11/14/14 demonstrates insufficient evidence in the records of failure of conservative care. Therefore the determination is for non-certification.