

Case Number:	CM15-0104999		
Date Assigned:	06/09/2015	Date of Injury:	02/11/1991
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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:

The injured worker is a 55-year-old male who sustained an industrial injury on 2/11/91. Injury occurred when he was struck by an overhead boom that fell. He sustained multiple skeletal injuries and fractures, including a traumatic left shoulder anterior dislocation. He is status post multiple lower extremity surgeries and spinal fusion, and spinal cord stimulator implant. He was eventually able to return to work until 2008 when his was unable to continue working due to lower extremity weakness. Conservative treatment for the left shoulder included physical therapy, injections, exercise, and medications. The 11/4/14 left shoulder CT arthrogram impression documented severe glenohumeral joint osteoarthritis with large osteophytes and numerous intraarticular loose bodies with synovitis. Degenerative tearing of the anterior labrum and low-grade intra-substance tearing of the superior aspect of the subscapularis, and medial subluxation of the biceps tendon were also noted. The 3/30/15 pain management report documented range of motion in the physical exam to include 75 degrees of left shoulder abduction. The 4/20/15 treating physician report cited continued left shoulder girdle complaints. The injured worker reported marked functional limitations progressively worsening over at least the last 10 years. He had constant anterior soreness that increased with motion, and aching at rest. There was decreased range of motion and impaired function. He had imaging evidence of severe glenohumeral osteoarthritis and had failed conservative treatment. Authorization was requested for left shoulder arthroplasty and biceps tenodesis, 3 days of facility inpatient stay, 1 commode walker, and 30 days use of a continuous passive motion unit. The 5/5/15 utilization review modified the request for left shoulder arthroplasty and biceps tenodesis and left shoulder

arthroplasty as guideline criteria were not met for biceps tenodesis. The request for 3 days inpatient stay was modified to 2 days consistent with the Official Disability Guidelines. The request for one commode walker was non-certified as there was no guideline support of the use of a commode walker in post-surgical shoulder conditions. The request for 30 days use of a continuous passive motion unit was non-certified as there was no documentation of adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left total shoulder arthroplasty, biceps: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Shoulder 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: Arthroplasty (shoulder); Surgery for SLAP lesions.

Decision rationale: The California MTUS does not provide recommendations for this procedure. The Official Disability Guidelines recommend arthroplasty for selected patients. Surgical indications include glenohumeral or acromioclavicular joint osteoarthritis with severe pain preventing a good nights sleep or functional disability that interferes with activities of daily living or work, positive radiographic findings of shoulder joint degeneration, and failure of at least 6 months of conservative treatment. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been met. This patient presents with radiographic and imaging findings of severe glenohumeral osteoarthritis and significant functional disability. Imaging findings documented degenerative tearing of the anterior labrum and medial subluxation of the biceps tendon. Reasonable conservative operative and non-operative treatment has been attempted and failed. Therefore, this request, including at the level of the biceps, is medically necessary.

Associated surgical service: 3 days of facility 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 (ODG), Hospital length of stay (LOS).

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: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for total shoulder arthroplasty is 2 days. The 5/5/15 utilization review modified the request for 3 days length of stay, certifying 2 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day hospital stay previously certified. Therefore, this request is not medically necessary.

Associated surgical service: 1 commode walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. There is no indication that the patient will be room confined following hospital discharge from a total shoulder replacement to support the medical necessity of a bedside commode. The use of such a named walker following a total shoulder replacement would generally be contraindicated. Therefore, this request is not medically necessary.

Associated surgical service: 30 days use of a continuous passive motion unit: Overturned

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, Continuous passive motion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Continuous passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for continuous passive motion (CPM) following shoulder surgery. The Official Disability Guidelines state that CPM is not recommended after shoulder surgery. CPM is recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Guideline criteria have been met. Records documented range of motion findings consistent with adhesive capsulitis. Therefore, this request is medically necessary.