

Case Number:	CM15-0109779		
Date Assigned:	06/17/2015	Date of Injury:	12/09/2014
Decision Date:	09/08/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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: 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 58-year-old male, who sustained an industrial injury on December 9, 2014. He reported an injury to his right upper extremity with diagnosis of rotator cuff tear and degenerative changes. Treatment to date has included MRI of the right shoulder, orthopedic surgery consultation, NSAIDs, and work modifications/restrictions. Currently, 5/12/15, the injured worker complains of right shoulder pain and limited range of motion. The injured worker is unable to elevate his right arm above the level of his shoulder and he has associated weakness. He reports that the non-steroidal anti-inflammatory medications provide some relief. He reports numbness in the right median nerve distribution of his right hand. On physical examination, the injured worker has tenderness to palpation over the greater tuberosity of the shoulder and has a palpable nonunion indicating there is no rotator cuff attached to the greater tuberosity. He has no tenderness over the AC joint and mild tenderness over the bicipital groove. His active range of motion is limited and he exhibits decreased strength of the right arm. An MRI of the right shoulder revealed a massive rotator cuff tear involving the entire supraspinatus and infraspinatus tendons that retract back to the level of the glenoid. There is 50% fatty atrophy of the supraspinatus and 30% fatty atrophy of the infraspinatus. His teres minor, subscapularis and biceps tendons are intact and he has evidence of posterior glenoid bone wear and degenerative changes at the labrum. The diagnosis associated with the request is right shoulder rotator cuff tear. The treatment plan includes right reverse shoulder arthroplasty with assistance surgeon, a two-day inpatient hospital stay, and preoperative testing and evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right reverse shoulder arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Reverse shoulder arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on this issue of shoulder replacement. According to the ODG Shoulder section, reverse shoulder arthroplasty, "Reverse shoulder arthroplasty is often used for people who have shoulder arthritis coupled with an irreparable rotator cuff tear, and it is also performed for patients with very complex shoulder problems, including those with failed previous surgical treatments." It is indicated for those patients with non-functioning irreparable rotator cuff and glenohumeral arthropathy or failed hemiarthroplasty or failed total shoulder arthroplasty with irreparable rotator cuff deficiency Comminuted fractures (3 or 4 part) of the proximal humerus in an older population (65 years of age or older). And meet all of the following criteria: Limited functional demands; & Intractable pain that has not responded to conservative therapy (including NSAIDs, intra-articular steroid injections, and physical therapy for at least 6 months and failed); & Adequate deltoid function; & Adequate passive range of motion to obtain functional benefit from the prosthesis; & Residual bone permits firm fixation of the implant; & No evidence of shoulder infection; & No severe neurologic deficiency. In this worker's case, there is no documentation in the medical records provided from 5/12/15 does not demonstrate that the worker has failed at least 6 months of conservative therapies. Therefore the guidelines for a shoulder arthroplasty have not been met and the requested treatment is not medically necessary.

Associated surgical services: Assistant surgeon: Upheld

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

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 services: Inpatient hospital stay for 2 days: Upheld

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

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 services: Pre op H& P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medscape.com/medline/abstract/8441296>; <http://emedicine.medscape.com/article/285191-overview#a1>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Pre op Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medscape.com/medline/abstract/8441296>; <http://emedicine.medscape.com/article/285191-overview#a1>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Pre op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medscape.com/medline/abstract/8441296>; <http://emedicine.medscape.com/article/285191-overview#a1>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.