

<b>Case Number:</b>	CM15-0131761		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	01/16/1995
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Minnesota, Florida  
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:

This is a 64 year old male with a January 16, 1995 date of injury. A progress note dated October 8, 2014 documents subjective complaints (complaining of some pain occasionally; is roughly six months out from a right shoulder hemiarthroplasty), objective findings (excellent passive range of motion; actively is very weak through the mid stages of forward elevation as well as abduction; has bits of anterior escape as well), and current diagnoses (status post right shoulder hemiarthroplasty). Treatments to date have included right shoulder surgery, medications, and physical therapy. The treating physician requested authorization for a reverse total shoulder arthroplasty and associated services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reverse total shoulder arthroplasty:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Reverse shoulder arthroplasty.

**Decision rationale:** The injured worker is a 63-year-old individual who sustained an injury on 1 16 1995. After undergoing multiple rotator cuff repairs of the right shoulder, a hemiarthroplasty with biceps tenodesis was performed on 4/15/2014. The x-rays dated 4/15/2015 document a stable appearance of the right shoulder arthroplasty. A request for a reverse total shoulder arthroplasty was noncertified by utilization review as the documentation submitted did not indicate the functional status of the injured worker to warrant the requested reverse shoulder arthroplasty. Details of the symptoms and physical examination as well as detailed description of the activities of daily living and workability were not submitted. As such, the requested procedure was deemed neither appropriate nor medically necessary. A review of the available medical records does not indicate a detailed description of the functional deficits or examination findings pertaining to the shoulder or a recent exercise rehabilitation program as necessitated by California MTUS guidelines with trial/failure warranting another surgical procedure. The ODG guidelines for a reverse shoulder arthroplasty include a nonfunctioning irreparable rotator cuff and glenohumeral arthropathy or a failed hemiarthroplasty or failed total shoulder arthroplasty with irreparable rotator deficiency. In the absence of such documentation, ODG guidelines do not support a reverse shoulder arthroplasty. As such, the request for a reverse shoulder arthroplasty is not supported and the medical necessity of the request has not been substantiated.

**Associated Surgical Service: 1-2 days inpatient stay:** 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 ODG: Section: Shoulder, Topic: Reverse shoulder arthroplasty.

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