

Case Number:	CM15-0133469		
Date Assigned:	07/21/2015	Date of Injury:	04/30/2014
Decision Date:	08/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	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: 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:

This injured worker is a 65-year-old male who sustained an industrial injury on 4/30/14. Injury occurred when he slipped on stairs, hyper extended his left knee, and grabbed the railing injuring his right shoulder. Conservative treatment included physical therapy, home exercise, activity alteration, and medications. The 2/19/15 right shoulder MR arthrogram impression documented significant supraspinatus tendinopathy along the bursal side with lateral intrasubstance tearing and partial insertional tearing laterally and anteriorly. There was infraspinatus and subscapularis tendinopathy with no tear. There was advanced glenohumeral osteoarthritis with essential obliteration of the joint space with osteophytosis, articular surface irregularity, subchondral cyst formation, and subchondral edema. There was edema across the surgical neck of the humerus with a suspected hypo-intense linear fracture line anteriorly suggesting a non-displaced subacute fracture. There was minimal acromioclavicular (AC) joint arthropathy. The 4/22/15 orthopedic report cited persistent right shoulder pain and stiffness with recent onset of ratcheting and significant loss of function and motion. Physical exam documented limited forward flexion that ratchets up to about 80 degrees, internal rotation to the hip, tenderness over the AC joint, and internal/external rotation and glenohumeral motion caused pain and crepitus. X-rays showed fairly significant osteoarthritis with fairly flat glenoid and AC arthritis. He had some physical therapy but it was difficult. Imaging showed a partial thickness rotator cuff tear, AC joint arthritis, and concern regarding an impaction-type fracture of the surgical neck of the humerus. There were subchondral cysts and osteoarthritis signs. The treatment plan discussed conservative treatment options but corticosteroid injections would only provide temporary relief and viscosupplementation injection had not worked for the shoulder. The treatment plan

recommended right shoulder arthroplasty. The 5/5/15 physical therapy report indicated that the injured worker had completed 8/8 visits with excellent attendance and participation. He was discharged from care for the right shoulder as a total shoulder arthroplasty was planned. Authorization was requested for right shoulder arthroplasty. The 6/30/15 utilization review non-certified the request for right shoulder arthroplasty as premature as there had been limited physical therapy, no injections, and an orthopedic specialist evaluation was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder arthroplasty, right shoulder Qty 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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).

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 night's 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. Guideline criteria have been met. This injured worker presents with persistent right shoulder pain and significant loss of shoulder motion and function. There is imaging evidence of advanced glenohumeral arthritis with essential obliteration of the joint space, and AC joint arthritis. Evidence of at least 6 months of reasonable and/or comprehensive non-operative treatment and failure has been submitted. Therefore, this request is medically necessary.