

Case Number:	CM15-0137098		
Date Assigned:	07/27/2015	Date of Injury:	02/13/2012
Decision Date:	10/06/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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:

The injured worker is a 56-year-old female, who sustained an industrial injury on 2/13/12. The injured worker was diagnosed as having bilateral shoulder pain, left greater than right and status post right ulnar nerve decompression and carpal tunnel release. Treatment to date has included left and right shoulder debridement and arthroscopy and activity restrictions. (MRI) magnetic resonance imaging of left shoulder performed on 6/9/15 revealed supraspinatus and infraspinatus tendinosis, trace of joint effusion and hypo intensity within the inferior fibers of the supraspinatus tendon suggesting calcific tendinosis. Currently on 5/6/15, the injured worker complains of continued pain in bilateral shoulders, left greater than right with right hand numbness and pain, popping and catching in bilateral shoulders. She is currently totally disabled. Physical exam performed on 5/6/15 revealed painful arc of motion of bilateral shoulders. The treatment plan included (MRI) magnetic resonance imaging of left shoulder followed by possible total shoulder arthroplasty of left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total arthroplasty, left shoulder: 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 - Arthroplasty (shoulder); 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 ODG: Section: Shoulder, Topic: Total shoulder arthroplasty.

Decision rationale: The injured worker is a 56-year-old female with bilateral shoulder pain. MRI of the left shoulder dated 6/9/2015 was reported to show supraspinatus and infraspinatus tendinosis and hypointensity within the inferior fibers of the supraspinatus tendon suggesting calcific tendinosis. There was a trace effusion present. The radiologist did not comment on any degenerative joint disease of the glenohumeral joint. There was mild high riding humeral head. A progress note dated 5/7/2015 indicates that at the time of arthroscopy of the right shoulder she had grade 2 and grade 3 changes of the articular cartilage. However, the provider does not refer to arthroscopy of the left shoulder. The past surgical history for the left shoulder was remarkable for a left shoulder "biceps spur" in 1991, left shoulder repair in 2001, and left shoulder scar tissue removal in 2002. ODG indications for shoulder arthroplasty include positive radiographic findings of shoulder joint degeneration and severe joint space stenosis. In this case the MRI report does not mention any evidence of degenerative joint disease of the shoulder. In the absence of imaging findings indicating the necessity of surgical intervention, the request for a total shoulder arthroplasty is not supported and the medical necessity of the request has not been substantiated.

Associated service: Assistant surgeon: 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), Low Back - Surgical assistant.

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

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

Associated service: In-patient stay, 1 day: 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 - Hospital length of stay (LOS).

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

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

Post-operative physical therapy evaluation and treatment 2 times a week for 6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

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

Associated service: Durable medical equipment (DME) ultrasling for the left shoulder: 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 - Postoperative abduction pillow sling.

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

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

Associated service: Durable medical equipment (DME) cold compression therapy: 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) - Cold compression therapy; ODG - Continuous-flow cryotherapy.

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

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

Percocet 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list - Oxycodone/acetaminophen; Opioids, criteria for use.

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

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