

Case Number:	CM15-0161490		
Date Assigned:	08/27/2015	Date of Injury:	08/16/2011
Decision Date:	10/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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, Oregon,
 Washington 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 male, who sustained an industrial injury on August 16, 2011. He reported an injury to his left shoulder in a fall. Treatment to date has included diagnostic imaging, left shoulder arthroscopic surgery, and opioid medications. Currently, the injured worker complains of symptoms related to his left shoulder. He reports that he is unable to cook, do laundry or garden due to his left shoulder symptoms. On physical examination, the injured worker has tenderness to palpation at the subacromial space, the bicipital groove. He has pain with range of motion of the left shoulder and he exhibits a decreased range of motion. The diagnoses associated with the request include rotator cuff tear, malunion of the proximal humerus, and traumatic arthritis. The treatment plan includes left total shoulder replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total shoulder replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 - 210. 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 section, arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on this issue of shoulder replacement. According to the ODG Shoulder section, arthroplasty "The most common indication for total shoulder arthroplasty is osteoarthritis, but for hemiarthroplasty it is acute fracture. There was a high rate of satisfactory or excellent results after total shoulder arthroplasty for osteoarthritis, but hemiarthroplasty offered less satisfactory results, most likely related to the use of this procedure for trauma." Shoulder arthroplasty is indicated for glenohumeral and acromioclavicular osteoarthritis with severe pain with positive radiographic findings and failure of 6 months of conservative care. In this case, there is insufficient evidence in the records of failure of conservative care. Therefore, the determination is not medically necessary.