

<b>Case Number:</b>	CM15-0181140		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 55 year old male with an industrial injury dated 05-11-2012. A review of the medical records indicates that the injured worker is undergoing treatment for pain in joint involving the shoulder region. Medical records (4-23-2015) indicate ongoing right shoulder complaints. Documentation (4-23-2015) noted that the injured worker has a known rotator cuff tear on the right side with a large gap with a recommendation for repeat surgery. Physical exam revealed abduction to 125 degrees, internal rotation to the hip, and -20 degrees external rotation. In a progress note dated 07-20-2015, the injured worker presented for right shoulder consult. Pain level was 8 out of 10 on visual analog scale (VAS). Objective findings (07-20-2015) revealed 140 degrees forward flexion and. External rotation lag sign and weakness to thumb down abduction and external rotation were also noted on exam. The treating physician reported that the X-ray of the right shoulder on 07-20-2015 revealed humeral head migration. The treating physician reported that the Magnetic Resonance Imaging (MRI) on 10-09-2013 revealed grade 3-4 changes of the supra and infraspinatus and an intzact suprascapularis. Treatment has included diagnostic studies, prescribed medications, 1 cortisone injection, 4 months of physical therapy, right shoulder surgery in 2013, left shoulder surgery in 2010 and periodic follow up visits. The treating physician requested services for reverse total shoulder arthroplasty, right #1. The utilization review dated 08-19-2015, non-certified the request for reverse total shoulder arthroplasty, right #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reverse Total Shoulder Arthroplasty, Right #1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

**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:** There is sufficient clinical information provided to justify the medical necessity of this request for this patient. The patient's medical records support the fact that he has chronic shoulder osteoarthritis with clinically subjective and objective findings to support this diagnosis. MTUS and ACOEM do not address this topic. Per ODG guidelines, this patient meets criteria for reverse shoulder arthroplasty. This patient has a non-functioning, irreparable rotator cuff injury with glenohumeral arthropathy. The patient has zero degree external shoulder rotation observed on physical exam. MRI revealed grade III/IV changes of the supraspinatus and infraspinatus. The patient has failed a prior rotator cuff repair and arthroscopy in 2013. He has also failed greater than six months of physical therapy and multiple other conservative measures, including NSAIDS and steroid injections. Functional pain assessment using a visual scale confirmed intractable pain rated 8/10. The patient also lacked any severe neurological deficiency or evidence of septic joint. Therefore, based on the submitted medical documentation, the request for reverse shoulder arthroplasty is medically necessary.