

<b>Case Number:</b>	CM15-0181621		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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:

This is a 46-year-old female with an injury on 9-1-12. A review of the medical records indicates that the injured worker is undergoing treatment for her left shoulder joint, neck, mid back, left arm and hands. Medical records dated 7-6-15 indicate ongoing left shoulder pain with worsening deterioration in function. The injured worker reports limitations in range of motion and use of arm in overhead position, stiffness, she cannot sleep at night or lift. Recent x-rays reveal significant arthrosis of the glenohumeral socket. Physical exam reveals limited range of motion. Treatments tried and fail are synvisc, cortisone and capsulotomy with manipulation. Her symptoms have progressively worsened. The recommendation is total shoulder arthroplasty. She may return to work as long as she is careful. On 8-24-15, she has continued complaints of worsening symptoms in her left shoulder. Request for authorization is dated 9-1-15 for left shoulder replacement. Utilization review dated 9-8-15 non-certified the request stated above.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Arthroplasty, Indications for surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 6 months of conservative care. Plain radiographs do not show significant osteoarthritis of the shoulder. Therefore, the determination is not medically necessary.