

Case Number:	CM15-0188491		
Date Assigned:	09/30/2015	Date of Injury:	04/02/1991
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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 72 year old male, who sustained an industrial-work injury on 4-2-91. A review of the medical records indicates that the injured worker is undergoing treatment for right rotator cuff rupture and left bicipital tenosynovitis. Medical records dated 5-20-15 indicate that the injured worker complains of worsening of the left shoulder pain rated 8 out of 10 on pain scale with inability to reach left shoulder to head. There is pain and he reports that he is getting weaker. The medical records also indicate worsening of the activities of daily living due to pain. A recent work status is not noted. The physical exam dated 5-20-15 reveals that there is tenderness of the acromioclavicular joint (AC) of the left shoulder and anterior acromion. The left side has painful active range of motion, limited by pain. The left side has passive range of motion restricted due to pain. There is positive Neer and Hawkins's test. The physician indicates that the injured worker is a candidate for surgery. Treatment to date has included pain medication, diagnostics, left rotator cuff repair 6-27-14, physical therapy (unknown amount), home exercise program (HEP) and other modalities. The physician indicates that the Magnetic resonance imaging (MRI) dated 5-16-15 of the left shoulder reveals a full thickness tear of the anterior insertion of the supraspinatus tendon. There is a left partial undersurface tear of the anterior aspect of the infraspinatus tendon. There is also a superior labral tear. The biceps tendon is in place. There is degenerative joint disease (DJD) of the acromioclavicular joint (AC). The request for authorization date was 8-25-15 and requested service included Left total shoulder arthroplasty. The original Utilization review dated 9-11-15 non-certified the request for Left total shoulder arthroplasty as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total shoulder arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder and Indications for surgery--Shoulder arthroplasty.

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. In this case, there is MRI evidence of acromioclavicular but not glenohumeral arthritis. Therefore, the request is not medically necessary.