

Case Number:	CM15-0205077		
Date Assigned:	10/22/2015	Date of Injury:	06/24/2003
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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 an 80 year old female with an industrial injury date of 06-24-2003. Medical record review indicates she is being treated for painful left shoulder revision arthroplasty. Subjective complaints (09-02-2015) included left shoulder pain. The treating physician noted the injured worker had undergone a left shoulder revision arthroplasty followed by a second revision for a sterile effusion. Cultures were negative however she continued to have pain. In the physical exam dated 09-02-2015 the treating physician noted it "looked like" the injured worker was moving her left shoulder "quite nicely without any evidence of pain." The injured worker could move her arm to her head, move her arm across the body and reach upward in a smooth manner. The range of motion was documented as forward flexion 120 degrees, external rotation 20 degrees and internal rotation to the buttocks. Prior treatments included 24 sessions of physical therapy from 02-11-2015 - 05-04-2015 (noted in physical therapy records). The treating physician noted shoulder x-rays were completed in the office at the 09-02-2015 visit and "was able to get a good view of the base plate on the axillary x-ray and there was no evidence of loosening on the outside." "She does have a radiolucency surrounding the cement mantle." "The significance of this is uncertain because there is no change in this lucency from last visit and certainly no obvious evidence of humeral loosening." On 10-09-2015 the request for left shoulder girdle stone reconstruction - complex removal of prosthesis was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Girdle stone Reconstruction - Complex Removal of Prosthesis: 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.

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

Decision rationale: Progress notes from September 2, 2015 document 2 prior revision arthroplasties for the left shoulder with negative cultures and continued pain without obvious abnormality on x-ray and physical examination. The pain was reported to be episodic. On examination she was moving the left shoulder quite nicely without any evidence of pain. She could move her arm to her head, move her arm across the body and reach upward in a smooth manner. The incision was well-healed and there was no erythema. Flexion was 120 and external rotation was 20. Internal rotation was to the buttocks. 4 view x-rays of the left shoulder showed no change in the position from previous x-rays of July 2015. There was no evidence of loosening but there was a radiolucency surrounding the cement mantle which was unchanged from previous x-rays and there was no obvious evidence of loosening. ODG guidelines do not recommend implant removal in the absence of broken hardware or infection. There is no evidence of periprosthetic fracture or a mechanical problem with the implant. The documentation indicates good motion in the shoulder and no radiographic evidence of loosening. Radiology reports have not been submitted. There is no bone scan documenting a low-grade chronic infection. As such, the request for removal of the implant with Girdle stone procedure is not supported and the request is not medically necessary and has not been substantiated.