

Case Number:	CM15-0057269		
Date Assigned:	04/02/2015	Date of Injury:	11/17/2011
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/25/2015

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
 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 66 year old female who sustained an industrial injury on 11/17/2011. Diagnoses include fall from stairs-3.5 years ago, strain/sprain right shoulder and right upper arm and rotator cuff tear right shoulder. Treatment to date has included medications, diagnostic studies, injections, physical therapy, manipulation, ultrasound, hot packs and massage. A physician progress note dated 01/15/2015 documents the injured worker has restricted, painful, right shoulder range of motion. Her pain is over the deltoid down the side of the arm, and occasionally will radiate past the elbow and up towards the neck. X rays showed bone on bone contact between the humerus and glenoid, consistent with full-thickness cartilage loss. Treatment requested is for associated surgical service: physician assistant, pre-op clearance: H & P, EKG and labs, and total right shoulder arthroplasty and reverse arthroplasty as back up. Letter from March 23, 2015 demonstrates that a prior utilization review surgery was denied as the reviewer did not know whether surgery from November 13, 2014 was authorized or not. a letter states that the surgery was not performed due to concern about the specific surgery was approved without address all the abnormal pathology of the right shoulder in this claimant. The letter specifically recommends a reverse shoulder arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total right shoulder arthroplasty and reverse arthroplasty as back up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines chapter shoulder last updated on 02/27/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Reverse shoulder arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on this issue of shoulder replacement. According to the ODG Shoulder section, reverse shoulder arthroplasty, "Reverse shoulder arthroplasty is often used for people who have shoulder arthritis coupled with an irreparable rotator cuff tear, and it is also performed for patients with very complex shoulder problems, including those with failed previous surgical treatments." It is indicated for those patients with non functioning irreparable rotator cuff and glenohumeral arthropathy or failed hemiarthroplasty or failed total shoulder arthroplasty with irreparable rotator cuff deficiency. In this case, the exam notes from 1/15/15 satisfies criteria for shoulder arthroplasty and therefore the request is medically necessary.

Associated surgical service: physician assistant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, Assistant Surgeon Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. <http://www.aaos.org/about/papers/position/1120.asp>.

Decision rationale: CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital." There is an indication for an assistant surgeon for a reverse total shoulder. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case, the decision for an assistant surgeon is medically necessary and is therefore certified.

Pre-op clearance: H & P, EKG and labs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC last updated 03/03/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a 66 year old who meets criteria for a H&P, EKG and labs prior to a shoulder arthroplasty. Therefore the determination is for certification and the request is medically necessary.