

Case Number:	CM15-0087200		
Date Assigned:	05/11/2015	Date of Injury:	08/28/2007
Decision Date:	06/10/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, Oregon
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 61 year old female, who sustained an industrial injury on 08/28/2007. On provider visit dated 04/09/2015 the injured worker has reported left shoulder pain. On examination of the left shoulder was noted to be diffusely tender with a decreased range of motion was noted. The injured worker was noted to have guarded shoulder range of motion. The injured worker was noted to be involved in a motor vehicle accident on 09/03/2014 resulting in a major set back and now was noted to have adhesive capsulitis of her left shoulder. The diagnoses have included status post left shoulder arthroscopic, subacromial decompression, Mumford procedure, status post trauma with contusion though the left shoulder on 06/02/2014 and adhesive capsulitis left shoulder. The radiographic evaluation was noted as demonstrates normal boney anatomy without fracture or tumor. The provider requested reverse left shoulder total arthroplasty and Inpatient hospital stay time 3 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reverse left shoulder total arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 04/03/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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, MRI 2/13/15 states that the glenohumeral cartilage is intact. There is no radiographic evidence of osteoarthritis. The request is not medically necessary.

Associated surgical services: Inpatient hospital stay time 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 04/03/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.