MAXIMUS Federal Services

Case Number:	CM14-0142385		
Date Assigned:	09/10/2014	Date of Injury:	10/15/2012
Decision Date:	11/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36 year old male who sustained an industrial injury on 10/15/2012. The current diagnoses include cervical sprain/strain with radiculopathy, right shoulder internal derangement and labral tear. A prior peer review completed on 7/30/2014 non-certified the request for right shoulder arthroplast. The medical records do not establish the medical necessity of the request. According to the records provided, a 1/02/2013 MRI of the right shoulder revealed tear of the posterior superior glenoid labrum, supraspinatus tendinosis and acromioclavicular joint hypertrophy which may cause positional dependent impingement on the supraspinatus. According to the 1/28/2014 progress report, the patient complains of neck pain, right shoulder pain, headaches, and low back pain, rated 7-9/10. Upon examination, there is severe tenderness to palpation of cervical spine and right shoulder and limited ROM. Per the available records, a 7/10/2014 progress report indicates the patient complains of right shoulder pain that has worsened since last visit and has been on non-steroidal anti-inflammatory drugs (NSAIDs) for last 6 months. Raising test of the right side for longer than 10 seconds causes severe pain. Right shoulder feels tight with associated tingling along the shoulder and right arm. Physical examination documents right shoulder tenderness, decreased ROM and decreased grip strength on the right in comparison to the left. A course of physical therapy was initiated on 8/14/2014, for treatment of the patient's right side neck and right shoulder complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroplast: 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) - Treatment in Workers' Compensation (TWC), Shoulders

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

Decision rationale: Official Disability Guidelines indications for surgery arthroplasty are as follows: Glenohumeral and acromioclavicular joint osteoarthritis, post-traumatic arthritis, or rheumatoid arthritis with all of the following: Severe pain (preventing a good night's sleep) or functional disability that interferes with activities of daily living or work; positive radiographic findings (e.g., shoulder joint degeneration, severe joint space stenosis); conservative therapies (including NSAIDs, intra-articular steroid injections, and physical therapy) have been tried for at least 6 months and failed; and If rheumatoid arthritis only, tried and failed anti-cytokine agents or disease modifying anti-rheumatic drugs. In addition, treatment of proximal humeral fractures nonunion, malunion, or avascular necrosis and is not recommended if irreparable rotator cuff tear, in young individuals or in individuals with active local or systemic infection. According to the medical records, the patient is a 36 year old male with complaints of chronic neck and right shoulder pain. He has treated with non-steroidal anti-inflammatory drugs (NSAIDs), and had begun a course of physical therapy in August 2014. The medical records do not establish a full course of conservative therapies (including NSAIDs, intra-articular steroid injections, and physical therapy) have been tried for at least 6 months and failed. In addition, the medical records do not establish the patient has glenohumeral and acromioclavicular joint osteoarthritis, post-traumatic arthritis, or rheumatoid arthritis with radiographic findings of shoulder joint degeneration, severe joint space stenosis, as is required by the guidelines. Given these factors, this request is not medically necessary.