

<b>Case Number:</b>	CM14-0160654		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

This claimant is a 65-year old gentleman who sustained injuries to his bilateral shoulders on 10/17/12 when he fell while working in a vineyard. The clinical records provided for review documented that the claimant has undergone a prior left shoulder arthroscopy with rotator cuff repair. The report of a 08/29/14, office visit noted bilateral shoulder pain complaints. Specific to the claimant's right shoulder, there was documentation of restricted range of motion to 90 degrees of forward flexion and abduction, 5/5 motor strength bilaterally with the exception of the supraspinatus and infraspinatus at 3/5. Plain film radiographs demonstrated degenerative joint disease of the bilateral shoulders at the glenohumeral joint. Based on the claimant's current clinical picture, the recommendation was for right shoulder total joint arthroplasty. Prior conservative care to the right shoulder included no history of prior surgery, medication management of topical compounds and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 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 (ODG) Treatment in Workers Compensation (TWC), 18th Edition 2013 Updates: Shoulder Procedure, Arthroplasty (Shoulder)

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

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for right shoulder total arthroplasty is not recommended as medically necessary. The ODG Guidelines recommend documentation of six plus months of conservative care consisting of intraarticular steroid injections, physical therapy and nonsteroidal medications. The ODG Guidelines also recommend that plain film radiographs be positive for advanced degenerative joint disease and subjective complaints of severe pain with difficulty sleeping and functional deficits involving the upper extremity. The medical records provided for review fail to demonstrate any evidence of intraarticular steroid injections being utilized for conservative treatment. Without documentation of failure of all forms of conservative care, the acute need of operative procedure would not be supported. Therefore the request is not medically necessary.

**Hospital admission, QTY: 2 days:** 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), Hospital Length of Stay (LOS) Guidelines: Total Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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