

Case Number:	CM14-0162273		
Date Assigned:	10/07/2014	Date of Injury:	03/12/2012
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/02/2014

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:

This is a 60-year-old female who sustained a vocational injury on 3/12/12 due to frequent heavy lifting. The office note dated 10/6/14, noted that the claimant underwent right shoulder arthroscopy with debridement of a degenerative superior labral tear, glenohumeral joint chondroplasty, subacromial decompression, and exam under anesthesia on 6/13/13. At the surgery of surgery, it was documented that there was Grade III-IV chondromalacia of the humeral head diffusely as well as Grade II-III chondromalacia of the glenoid articular surface. The claimant was also noted to have a high-grade partial tear of the supraspinatus. The claimant has continued postoperatively to have pain and dysfunction in spite of multiple Cortisone injections and therapy. The claimant received a subacromial injection in January 2014. After a total of about eight injections into the shoulder, the claimant underwent surgery on 3/24/14 to include right shoulder revision arthroscopy, subacromial decompression, capsular release, long head biceps tenotomy, microfracture of the glenohumeral chondromalacia, and extensive debridement. A partial bursal-sided rotator cuff tear Grade IV and glenohumeral chondromalacia was noted. The claimant has continued to have pain and loss of function and was noted to be taking narcotic medication. As a result of failed arthroscopic surgery, physical therapy for the last one and one half years, and multiple Cortisone injections, the recommendation was made for right total shoulder replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total right shoulder replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Arthroplasty (shoulder)

Decision rationale: California MTUS and ACOEM Guidelines do not specifically address this procedure. The Official Disability Guidelines recommend that prior to considering total shoulder arthroplasty, there should be severe pain preventing a good night's sleep or functional disability that interferes with activities of daily living or work, positive radiographic findings, and documentation of failure of conservative treatment to include anti-inflammatories, intraarticular steroid injections, and physical therapy for a period of six months. Total shoulder replacement is not recommended if there is irreparable rotator cuff tear in young individuals or in individuals with active local or systemic infection. The medical records provided for review do not contain any radiographic findings for review. It was noted during the most recent surgical intervention that the claimant had a Grade IV rotator cuff tear which was not repaired. Subsequently, there is no documentation supporting the rotator cuff repair was functional or would be potentially functional with repair. As Official Disability Guidelines note, it is imperative that claimants have a good functioning, active rotator cuff in order to predict both short and long term prognosis following total shoulder replacement. This information would be imperative to know prior to considering surgical intervention. Based on the documentation presented for review and in accordance with the Official Disability Guidelines, the request for the right total shoulder replacement cannot be considered medically necessary.