

Case Number:	CM15-0000789		
Date Assigned:	02/09/2015	Date of Injury:	07/24/2002
Decision Date:	05/07/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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, Sports Medicine

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 50-year-old male who reported an injury on 07/24/2002. The mechanism of injury was cumulative trauma. The injured worker underwent a right capsular release on 08/05/2012. Prior therapies include multiple corticosteroid injections and anti-inflammatory medications. The injured worker underwent an MRI of the right shoulder without contrast on 01/23/2015, which revealed rotator cuff tendinosis likely representing a combination of interstitial tearing and degeneration. There is no full thickness or high-grade tear present. There was advanced glenohumeral joint osteoarthritis with a prominent glenohumeral joint effusion. There was scattered tearing and fraying in the labrum with mild posterior subluxation of the humeral head. The injured worker had acromioclavicular joint osteoarthritis and small joint effusion. The osteophytes mildly impinged upon the supraspinatus. The documentation of 12/29/2014 revealed the injured worker had no erythema and had marked crepitus. The injured worker had diffuse atrophy. The forward elevation was 95 degrees, external rotation was too neutral, and internal rotation was to the greater trochanter. Assessing the rotator cuff revealed the rotator cuff strength was limited by pain. The abduction strength was 4/5 and the supraspinatus test strength was 4/5. The diagnosis included right shoulder traumatic arthritis. The treatment plan included a right shoulder arthroplasty and an MRI. The injured worker had a prior arthroscopy and on the prior MRI, there was noted to be no evidence of rotator cuff pathology. However, the documentation indicated the physician opined the MRI might provide some useful information regarding the integrity of the posterior aspect of the glenoid.

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) - TWC; ODG Treatment; Integrated Treatment/ Disability Duration Guidelines.

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, Arthroplasty (shoulder).

Decision rationale: The Official Disability Guidelines indicate that an arthroplasty is recommended after 6 months of conservative treatment for selected patients. There should be documentation of glenohumeral and acromioclavicular joint osteoarthritis, plus traumatic arthritis or rheumatoid arthritis, including documentation of severe pain preventing a good night's sleep or functional disability that interferes with activities of daily living or work, and positive radiographic findings, as well as documentation that conservative therapies including NSAIDs, intra-articular steroid injections, and that physical therapy have been tried for at least 6 months and have failed. The injured worked had radiographic evidence of arthritis. The clinical documentation submitted for review failed to provide documentation of severe pain preventing a good night's sleep or functional disability interfering with activities of daily living and work. There was a lack of documentation of a failure of conservative therapies including NSAIDs, intra-articular injections, and physical therapy that had been trialed and failed for at least 6 months. Given the above and the lack of documentation, the request is not medically necessary.

Associated Surgical Assistant: Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Associated Surgical Service Inpatient Hospital Stay (2-days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Pre-Operative CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Pre-Operative CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Pre-Operative Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Pre-Operative PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Pre-Operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Pre-Operative INR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Post-Operative Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Post-Operative Percocet 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Post-Operative Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Post-Operative Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Post-Operative Cold Therapy Unit (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.