MAXIMUS Federal Services

Case Number:	CM15-0011086		
Date Assigned:	02/05/2015	Date of Injury:	05/07/2005
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: Minnesota, Florida
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 66 year old male, who sustained an industrial injury on May 7, 2005. The diagnoses have included right shoulder severe osteoarthritis. Treatment to date has included arthroscopy in 2006, oral narcotics, radiographic study showing complete loss of glenohumeral joint space, large inferior osteophyte and posterior wear of the glenoid with retroversion. The date and exact type of study was not provided. Currently, the injured worker complains of right shoulder pain. A radiology report pertaining to a pre-operative CT scan of the shoulder has been provided.In a progress note dated December 8, 2014, the treating provider reports limited range of motion to the right shoulder, some atrophy of the right shoulder deltoid musculature.On December 20, 2014 Utilization Review non-certified a right total shoulder arthroplasty, and inpatient stay times two nights, noting Official Disability Guidelines. There was no Radiology report available at that time and evidence of a home exercise program was not submitted. The requested documentation has now been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Total shoulder arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The injured worker meets the ODG guideline criteria for a total shoulder arthroplasty which include evidence of glenohumeral and acromioclavicular joint osteoarthritis associated with severe pain preventing a good night's sleep, or functional disability that interferes with activities of daily living or work and positive radiographic findings of severe osteoarthritis. Radiology report pertaining to a CT scan of the right shoulder has been submitted, confirming the presence of severe osteoarthritis. A request for PT home exercise program dated 5/27/2014 has been submitted. Conservative treatment has been tried and has not been effective due to the chronic severe changes for many years that have been documented. As such, the guideline requirements are met and the medical necessity of the requested right total shoulder arthroplasty is established. The prior UR denial was for missing Radiology reports and evidence of conservative care. The requested documentation has now been provided.

In patient stay x2 nights: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Shoulder, Topic: Hospital length of stay

Decision rationale: ODG guidelines indicate the best practice target for a total shoulder arthroplasty with no complications is two days. As such, the request for 2 night in-patient hospital stay as requested for the right total shoulder arthroplasty is appropriate and the medical necessity of the request is established.