

Case Number:	CM15-0112850		
Date Assigned:	06/19/2015	Date of Injury:	02/17/1997
Decision Date:	07/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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

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 64 year old male who sustained an industrial injury on 2/17/97. The injured worker was diagnosed as having left shoulder pain status post left arthroscopic and open subacromial decompression revision (7/29/13), complex regional pain syndrome left upper extremity, cervical sprain/strain, and status post rotator cuff repair on both the left and right shoulders and C5-C6 radiculopathy. Currently on 4/27/15, the injured worker was with complaints of neck pain. Previous treatments included physical therapy, injection therapy, status post left shoulder arthroscopic surgery (10/15/12), stellate ganglion sympathetic blocks and medication management. Previous diagnostic studies included a magnetic resonance imaging which demonstrates an intact rotator cuff and an electromyography. The plan of care was for surgical intervention and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total shoulder replacement for submitted diagnosis of degenerative arthritis left shoulder as an outpatient: 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), rotator cuff repair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder section, arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on this issue of shoulder replacement. According to the ODG Shoulder section, arthroplasty, "The most common indication for total shoulder arthroplasty is osteoarthritis, but for hemiarthroplasty it is acute fracture. There was a high rate of satisfactory or excellent results after total shoulder arthroplasty for osteoarthritis, but hemiarthroplasty offered less satisfactory results, most likely related to the use of this procedure for trauma." Shoulder arthroplasty is indicated for glenohumeral and acromioclavicular osteoarthritis with severe pain with positive radiographic findings and failure of 6 months of conservative care. In this case, there is insufficient evidence in the records of failure of conservative care or severe glenohumeral arthritis from the exam note of 4/27/15. Therefore, this request is not medically necessary.

Associated surgical service: Physical therapy for left shoulder 3 times a week for 6 weeks (18 visits) as an outpatient total 18: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26-27.

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