

<b>Case Number:</b>	CM15-0118681		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on 8/16/11. He reported initial complaints of left shoulder injury. The injured worker was diagnosed as having traumatic arthropathy left shoulder; right shoulder status posttraumatic injury with complex rotator cuff tear and subsequent repair; traumatic arthritis with various surgical neck malunion; anterior labral detachment; carpal tunnel syndrome; early tardy ulnar palsy left elbow. Treatment to date has included status post left shoulder arthroplasty; physical therapy; medications. Diagnostics included left shoulder arthrogram (1/6/14); MRI upper extremity joint left (6/1/15). Currently, the PR-2 notes dated 5/5/15 indicated the injured worker complains of pain in the left shoulder. The provider documents the injured worker has sustained a left shoulder rotator cuff tear injury after a fall that resulted in the industrial injury. He has surgery that improved his shoulder considerably but presently he still has pain in the left shoulder and is not able to function cognitively. He is now starting to have pain in the right shoulder. He is unable to sleep on the left shoulder for more than one hour. He notes popping and catching. He describes numbness and tingling in the left hand and thinks it starts in the small finger and goes to the index. At times it also includes his thumb. There are times it includes just the median nerve distribution and at times isolated to the ulnar nerve distribution. The injured worker reports he has electrodiagnostic studies that were consistent with carpal tunnel syndrome that are still relevant to his present examination. On physical examination he has a well-healed surgical scar with some detachment of the anterior deltoid right at the AC joint in the medial part of the anterior acromion. Palpable are subcutaneous sutures in the bone with small defect in the anterior deltoid. Active range of motion was measured and comparing right to left shoulder,

he has 150/120 degrees of active forward flexion, abduction of 160/80 degrees and active external rotation of 50/30 degrees at the side and in supported 90 degrees of abduction 80/50 degrees. He does not have an external rotation lag sign, but he does have weakness in testing for forward flexion. Manual muscle strength testing was performed. Comparing the uninjured right side with the left, his forward flexion is rated 5/2, abduction 5/4, Jobe abduction 5/3, external rotation at the sides 5/4/, and internal rotation to his abdomen is 5/5. In 90 degrees of abduction, his external rotation is 5/4 and internal rotation 5/5. Using a spring-loaded calibrated dynamometer, abduction power in the plane of scapula is 7.4/1.7 pounds. He has positive Spurling's test with radiation to his left elbow with pretension lateral bending of his neck. He has a positive Tinel's test at his elbow radiating to the small finger and at the wrist radiating to his middle finger. X- rays show some thinning of the articular cartilage with a varus malunion of the proximal humerus. The greater tuberosity overlaps the canal. His more recent MRI with gadolinium documents travel of dye from the joint into the subacromial bursa and there is one area of the supraspinatus that appears to be detached. He did not have the T2 weighted sagittal plain images on this MRI but the sagittal plain images showed good muscle bulk in the spinatii. An MRI of the left shoulder on 6/1/15 impression notes long head biceps tendon appears absent; status post extensive prior rotator cuff repairs without obvious recurrent rotator cuff tear identified; minimal subdeltoid bursitis; mild glenohumeral joint osteoarthritis; status post extensive prior acromioplasty. The provider is requesting authorization of a Left BIO reverse shoulder arthroplasty; assistant surgeon; inpatient stay 2 nights; preoperative history and physical; preoperative Labs and preoperative EKG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left BIO Reverse Shoulder Arthroplasty: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 and 210. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Reverse Shoulder Arthroplasty.

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

**Decision rationale:** According to the ODG, shoulder arthroplasty may be considered in those who have 1) failed conservative measures for 6 months, 2) in those with severe shoulder pain that impairs restorative sleep, ADLs, or ability to work, 3) positive radiographic findings that show shoulder joint degeneration, or severe joint space stenosis. In this situation, the injured worker has ongoing pain, weakness, limited range of motion in all planes as compared to the unaffected shoulder. His sleep is impaired, as well as his ADLs, and functionality. His previous surgery was in 2013 so it appears the injured worker has failed conservative management for more than 6 months. This request is medically necessary.

#### **Assistant Surgeon: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder / Assistant Surgeon.

**Decision rationale:** According to the ODG, reverse total arthroplasty is a complex surgical procedure and as a result, an assistant surgeon familiar with the procedure is medically appropriate. As such, this request is medically necessary.

**Inpatient stay, 2 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: Hospital Length of Stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder arthroplasty / Length of stay.

**Decision rationale:** The ODG supports a length of stay status post arthroplasty of the shoulder, up to 2 days. As a result, the request as submitted is medically necessary at this time.

**Preoperative H&P (history & physical):** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Testing.

**Decision rationale:** The ODG indicate that preoperative history and physical examination be evaluated based on the presence of co-morbidities. In this case, the injured worker is undergoing a surgical procedure, in the setting of previously diagnosed hypertension. As a result, a visit to determine the risk of surgery through a clinical visit for history and physical examination would be considered appropriate. As a result, the request is medically necessary.

**Preoperative Labs:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Lab testing.

**Decision rationale:** According to the ODG routine pre-operative lab work and/or electrocardiogram is not indicated for low risk surgical procedures and in those without significant medical co-morbid conditions that would increase peri-operative risk, including diabetes mellitus, heart failure, renal disease, and/or coronary artery disease. The injured worker has a past medical history significant only for hypertension, and thus at this time, the request is not medically necessary at present time.

**Preoperative EKG (electrocardiogram):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative electrocardiography.

**Decision rationale:** According to the ODG routine pre-operative lab work and/or electrocardiogram is not indicated for low risk surgical procedures and in those without significant medical co-morbid conditions that would increase peri-operative risk, including diabetes mellitus, heart failure, renal disease, and/or coronary artery disease. The injured worker has a past medical history significant only for hypertension without other mentioned significant cardiac risk factors, and thus at this time, the request is not medically necessary at present time.