

Case Number:	CM15-0120455		
Date Assigned:	07/01/2015	Date of Injury:	01/27/2014
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, Oregon
 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 71 year old male, who sustained an industrial injury on 1/27/14. He has reported initial complaints of left shoulder pain. The diagnosis included left shoulder impingement. Treatment to date has included medications, physical therapy, activity modifications, off work, diagnostics, and home exercise program (HEP). Currently, as per the physician progress note dated 5/27/15, the injured worker complains of left shoulder pain that wakes him at night and increased pain with activities. The injured worker wishes to proceed with surgery to the left shoulder due to worsening symptoms. The pain is rated 7-8/10 on pain scale and described as moderate to severe pain, constant, sharp with weakness. The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the left upper extremity. The ultrasound of the bilateral shoulders reveals that the left shoulder has a massive rotator cuff tear high riding proximal humerus prominent fibrosis and adhesions and acromioclavicular joint (AC) degenerative joint disease (DJD). There was also a Magnetic Resonance Imaging (MRI) of the left shoulder done however, the report was not noted. The objective findings reveal left shoulder spasm, decreased range of motion with crepitus, positive impingement, and strength is 4/5 in all planes of motion. The previous physical therapy sessions are noted. The physician requested treatment included Left shoulder arthroplasty given the Magnetic Resonance Imaging (MRI) findings and exam findings and failure to improve with conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. 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 (ODG) shoulder.

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 no radiographic evaluation of the severity of the arthritis. The request has not met the guideline recommendations and is not medically necessary.