

Case Number:	CM15-0121050		
Date Assigned:	06/29/2015	Date of Injury:	08/15/1997
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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 78-year-old male with an industrial injury dated 11/27/2000. His diagnosis is complication of implant, symptomatic. Comorbid diagnoses included hypertension, sleep apnea, arthritis and gout. Prior treatment included bone scan, knee surgery and shoulder surgery. He presents on 05/07/2015 for follow up of right shoulder and bone scan. The injured worker reports not being any worse and not any better. His pain was activity related. There were no other new or significant changes to his medical status. Physical exam noted the injured worker walked without an obvious limp. Range of motion of the neck was without pain. Right shoulder abduction was 100 degrees, forward flexion was 130 degrees and external rotation was 30 degree. The provider documents infection work up was negative. Bone scan dated 05/01/2015 showed increased activity in the glenohumeral joint bilaterally, consistent with degenerative change. The provider documents the injured worker would like to proceed with converting this to a reverse shoulder arthroplasty. The treatment request is for airplane sling right shoulder, physical therapy for the right shoulder, twelve sessions and right total shoulder arthroplasty conversion to reverse total shoulder arthroplasty, possible iliac bone crest.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right shoulder, twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Airplane Sling Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Postoperative abduction pillow sling.

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

Right Total Shoulder arthroplasty conversion to reverse total Shoulder Arthroplasty, possible iliac bone crest: Upheld

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

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. Reverse total shoulder is for failed total shoulder with irreparable rotator cuff tear or primary arthritis with irreparable rotator cuff tear. Revision is reserved for failed total shoulder for intractable pain, loosening, fracture, infection or significant bone loss, which could lead to catastrophic failure. In this case, there is stable appearing implant with physical exam function suggestive of an intact rotator cuff. There is no documentation of an infection. The exam note of 5/7/15 shows that his function is essential unchanged since his last operation. There is no indication for revision based on the information provided. Therefore, the request is not medically necessary.

