

Case Number:	CM15-0128533		
Date Assigned:	07/16/2015	Date of Injury:	04/02/1991
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/02/2015

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 4/2/1991. Diagnoses have included bilateral rotator cuff rupture and bilateral shoulder osteoarthritis. Treatment to date has included arthroscopic surgery of both shoulders, physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 5/20/2015, the injured worker complained of bilateral shoulder pain. He stated that his shoulder problems were worsening. He reported not being able to get his left shoulder to his head. He complained of pain with any overhead attempts. It was noted that left shoulder magnetic resonance imaging (MRI) showed a full thickness tear of the anterior insertion of the supraspinatus tendon and degenerative joint disease of the acromioclavicular joint. Exam of the shoulders revealed tenderness at the right and left shoulder acromioclavicular joints and the left shoulder anterior acromion. Authorization was requested for left shoulder total arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder total arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, the treatment plan for the patient is shoulder arthroplasty, but the request is for arthroscopy. There is no quantification of arthritis on plain films. Based on the discrepancy in treatment plan and request, the request is not medically necessary.