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| <b>Case Number:</b>   | CM15-0146707 |                              |            |
| <b>Date Assigned:</b> | 08/12/2015   | <b>Date of Injury:</b>       | 07/05/1990 |
| <b>Decision Date:</b> | 11/13/2015   | <b>UR Denial Date:</b>       | 07/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2015 |

### 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 65 year old female who sustained an industrial injury on 7-5-90. The injured worker reported right shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right shoulder status post revision rotator cuff repair, cervical spondylosis and right shoulder pain with progressive osteoarthritis. Medical records dated 7-13-15 indicate the injured workers "pain has started to recur." Provider documentation dated 7-13-15 noted the work status as retired. Treatment has included shoulder status post revision rotator cuff repair, right shoulder magnetic resonance imaging (12-15-14), injection therapy, right shoulder radiographic studies (7-13-15). Objective findings dated 7-13-15 were notable for "normal light touch median, ulnar, radial, lateral, antebrachial, axillary nerve distribution." The treating physician indicates on 7-13-15 that the "Utox: positive for opiates" however a urine drug testing result date was not noted. The original utilization review (7-21-15) denied a request for a right total shoulder replacement versus a reverse shoulder replacement, associated surgical services: assistant surgeon, associated surgical services: post-operative physical therapy 2-3 times a week for 4 to 6 weeks, right shoulder, associated surgical services: sling, associated surgical services: cold therapy unit, associated surgical services: shoulder pax rental times 14 days, right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total shoulder replacement VS reverse shoulder replacement: 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), Shoulder chapter, indications for surgery.

**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 MRI documents only mild arthritic changes. Therefore, the request is not medically necessary.

**Associated surgical services: Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-op physical therapy 2-3/week for 4-6 weeks, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical services: Sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical services: Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical services: Shoulder pax rental X 14 days, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.