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| Case Number: | CM15-0061602 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 01/08/2013 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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 61 year old male who sustained an industrial injury on 01/08/2013. Diagnoses include non-traumatic rotator cuff tear and osteoarthritis of the right glenohumeral joint, and new right humerus fracture. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, and right shoulder injections. A physician progress note dated 03/18/2015 documents the injured worker has had a marked increase in pain without any event to cause the pain. On the 03/04/2015 visit he had marked decrease range in motion and an x ray showed a mildly displaced fracture through the humeral neck is noted with mild callus formation, likely subacute. The right shoulder is mildly tender over the proximal humerus. Forward flexion is 10 degrees and abduction is 20 degrees. His right forearm is markedly swollen and right hand has swelling. The treatment plan is for an open Magnetic Resonance Imaging of the right shoulder and surgery. The treatment request is for total right shoulder repair rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total right shoulder repair rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, online version, Shoulder Chapter, surgery for rotator cuff repair section.

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 evidence of response to corticosteorid injection and physical therapy, but not for 6 consecutive months in the records provided. Based on the above, the requested procedure is not medically necessary.