

Case Number:	CM15-0068995		
Date Assigned:	04/16/2015	Date of Injury:	08/23/2006
Decision Date:	05/21/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/12/2015

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: Illinois, California, Texas
 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 male who sustained an industrial injury on 8/23/06, relative to cumulative trauma as a painter. He was status post reverse left total shoulder replacement in January 2014. The 3/9/15 treating physician report indicated that the injured worker was seen for a post-op visit after undergoing left reverse total shoulder replacement 14 months prior. The injured worker was reporting worsening of symptoms with popping and grinding anteriorly and laterally. He underwent a shoulder series that was notable for appropriate component positioning and no evidence of loosening. Left shoulder exam documented mild limitation in range of motion with internal rotation to T12, abduction 90-130 degrees, and forward elevation 121-150 degrees. Passively, there was a large degree of crepitus where the greater tuberosity was rubbing on the undersurface of the deltoid area that had been operated through several times. There was tenderness to palpation over the lateral aspect of the deltoid. The injured worker had improved a lot since reverse total shoulder arthroplasty, however he was bothered by mechanical symptoms. The treating physician report opined that symptoms were coming from the greater tuberosity bone rubbing against the scar from where the previous surgeries had been performed. He recommended surgical intervention in the form of basically at tuberopectomy with removal and smoothing down of the greater tuberosity which was causing mechanical symptoms. The 3/22/15 utilization review non-certified the request for left shoulder surgery for partial humerus excision and glenohumeral arthrotomy with surgical assistant as there was no clinical documentation of impingement like symptoms or current imaging for this review. The 4/11/15 injured worker appeal letter indicated that x-rays of his left shoulder on 3/9/15 showed the problem with the

greater tuberosity. He opined that x-rays were certainly more cost effective than a new MRI. He reported greater post-operative range of motion that had increased his quality of life with respect to activities of daily living and helped him maintain a somewhat active physical lifestyle. Increased pain and mechanical symptoms (catching, popping, and crepitus) were impacting his activities of daily living and lifestyle. Since he had future medical for the claim, he believed that the request for additional surgery was appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Surgery with Surgical Assistant (Partial Humerus Excision and Glemohumeral Arthrotomy): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Shoulder chapter: Reverse Shoulder Arthroplasty; Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guideline criteria have been met. This injured worker presents status post reverse total shoulder replacement with onset of increased pain and mechanical symptoms. There was crepitus reported over where the greater tuberosity rubbed the undersurface of the deltoid area where surgery had been performed several times, presumably scar tissue. There was lateral deltoid tenderness and mild limitation in range of motion. X-rays showed appropriate component positioning and no evidence of loosening. Post-operative imaging had been performed. A reasonable non-operative treatment protocol trial and failure of medications and activity alteration was evident. Therefore, this request is medically necessary.