

Case Number:	CM15-0098566		
Date Assigned:	05/29/2015	Date of Injury:	02/15/2013
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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 73-year-old female who sustained an industrial injury on 2/16/13. Injury occurred while she was working as a flight attendant and was reaching overhead for a heavy item. Past surgical history was positive for right total shoulder arthroplasty with biceps tenodesis on 8/23/12. The 4/17/13 left shoulder CT arthrogram impression documented severe glenohumeral joint degenerative change with erosive osseous remodeling of the glenoid. The 6/27/13 left shoulder MRI impression documented rotator cuff tendinopathy, supraspinatus and infraspinatus fraying and/or partial thickness disruptions. There was extremely severe glenohumeral joint osteoarthritis and mild acromioclavicular joint osteoarthritis. There was mild subacromial subdeltoid bursitis, labrum fraying and degeneration, and tendinopathy of intraarticular segment of the long head biceps tendon. The 9/15/14 left shoulder x-ray impression documented severe glenohumeral arthritis with no remaining joint space and sclerosis of the humeral head with cystic formation. Conservative treatment included activity modification, injection therapy, and medications. The 4/10/15 orthopedic surgeon report cited significant grade 7+/10 left shoulder pain with difficulty in work activities. Physical exam documented left shoulder flexion to 95 degrees. The diagnosis was left shoulder end-stage osteoarthritis. Left total shoulder arthroplasty was recommended. The 5/5/15 utilization review non-certified the request for left total shoulder arthroplasty based on an absence of imaging and radiographs for review and no notes to indicate the amount and outcome the therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Left Shoulder Replacement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Arthroplasty (shoulder).

Decision rationale: The California MTUS does not provide recommendations for total shoulder arthroplasty. The Official Disability Guidelines recommend arthroplasty for selected patients. Surgical indications include glenohumeral or acromioclavicular joint osteoarthritis with severe pain preventing a good night's sleep or functional disability that interferes with activities of daily living or work, positive radiographic findings of shoulder joint degeneration, and failure of at least 6 months of conservative treatment. Arthroplasty is not recommended if irreparable rotator cuff tear, in young individuals or in individuals with active local or systemic infection. Guideline criteria have been met. This patient presents with radiographic and imaging findings of severe end-stage glenohumeral osteoarthritis, severe pain, and significant functional limitation in work activities. Reasonable conservative non-operative treatment has been attempted and failed. There was no evidence of irreparable rotator cuff tearing. Therefore, this request for is medically necessary.