

Case Number:	CM14-0216251		
Date Assigned:	01/06/2015	Date of Injury:	01/24/2013
Decision Date:	10/08/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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: Minnesota, Florida
 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 63 year old male with an industrial injury dated 01-24-2013. The injury is documented as occurring when he was pulling the rolling door down on his 18 wheeler truck. He suddenly felt a pop in his shoulder. His diagnosis was chronic left shoulder rotator cuff tear with retraction to the glenohumeral joint line and rotator cuff arthropathy. Prior treatment included medications, diagnostics and prior rotator cuff surgery in 2009. He presents on 11-25-2014 with pain, weakness and stiffness in his left shoulder. Physical exam noted weakness in the supraspinatus and infraspinatus on the right side. The provider documents x-rays document early osteoarthritis and superior migration of the humeral head (MRI 2013) "indicating he has a longstanding re-tear of his rotator cuff." The treatment request is for: RSA Reverse Left Shoulder Arthroplasty, Pre-Op H and P, Labs and EKG, Inpatient Stay for 2 Days, Asst, Surgeon

IMR ISSUES, DECISIONS AND RATIONALES

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

RSA Reverse Left Shoulder Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Reverse total shoulder arthroplasty.

Decision rationale: ODG indications for a reverse shoulder arthroplasty include nonfunctioning irreparable rotator cuff and glenohumeral arthropathy in the presence of the following criteria: Limited functional demands and intractable pain that has not responded to conservative therapy including NSAIDs, intra-articular steroid injections, and physical therapy for at least 6 months and failed and adequate deltoid function and adequate passive range of motion to obtain functional benefit from the prosthesis and residual bone permits firm fixation of the implant and no evidence of shoulder infection and no severe neurologic deficiency. In this case although the injured worker has evidence of rotator cuff arthropathy with a chronic tear since at least 2013 with retraction to the glenohumeral joint line, the criteria for conservative treatment such as intra-articular steroid injections and physical therapy for at least 6 months have not been met. As such, evidence based guidelines do not recommend a reverse shoulder arthroplasty and the medical necessity of the request has not been substantiated.

Associated surgical services: Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Reverse total shoulder arthroplasty.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

Associated surgical services: Inpatient Stay for 2 Days: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Reverse total shoulder arthroplasty.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

Pre-Op H and P, Labs and EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Reverse total shoulder arthroplasty.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.