MAXIMUS Federal Services

Case Number:	CM13-0011888		
Date Assigned:	12/18/2013	Date of Injury:	04/30/2013
Decision Date:	02/05/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sport Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 44-year-old female with a reported date of injury of 04/30/2013. The mechanism of injury was described as working at her desk. She is right-handed, and everything is on her left side. She stated that the phone was the only thing on the right side. This is a repetitive injury. She was seen for a physical therapy evaluation on 05/21/2013 and had slight limitation in motion of her left shoulder. She also had slight strength deficits. When she was seen on 06/19/2013, shoulder range of motion was considered normal, and there was no atrophy of the upper arm or forearm. Motor strength was 5/5, and sensation was intact. Biceps and triceps reflexes were normal. Orthopedic testing was considered negative, except that she had a positive Neer's impingement sign and a positive Hawkins impingement sign. There was no tenderness at the bicipital groove; she had a negative Speed's test and a negative O'Brien's test, and there was no tenderness at the parascapular bursa, and there was negative posterior AC joint stress and negative anterior acromioclavicular (AC) joint stress. There was no tenderness at the AC joint itself. A magnetic resonance imaging (MRI) was obtained of the left shoulder, revealing a type I acromion present with slight anterior/lateral downsloping and a trace subacromial/subdeltoid bursitis. There was minimal grade I tendinosis of the distal supraspinatus and infraspinatus tendons. She was last seen on 10/30/2013; at which time, she had tenderness about the left shoulder over the subacromial bursal space and shoulder girdle musculature with positive Neer's and Hawkins impingement signs and tenderness to the AC joint. The diagnoses at that time were left shoulder impingement, bursitis and rotator cuff tendonitis; and the plan was to recommend an arthroscopy of the left shoulder in the form of a diagnostic/operative arthroscopic debridement with acromioplasty resection for the coracoacromial ligament and bursa as well as a possible

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder diagnostic/operatibe arthroscopic debridement with acromioplasty resention fo coracoacromial ligament and burasa as indiacted possible distal clavicle resention: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

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

Decision rationale: The MTUS/ACOEM Chapter 9 states, "Referral for surgical consultation may be indicated for patients who have: red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); activity limitation for more than four months, plus existence of a surgical lesion; failure to increase range of motion (ROM) and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; clear clinical and imaging evidence of a lesionthat has been shown to benefit, in both the short and long term, from surgical repair. Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms...Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. Because this diagnosis is on a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendinitis, also refer to the previous discussion of rotator cuff tears." The records do not indicate that all conservative measures have been performed. The records do not indicate that a cortisone injection has been performed. If a cortisone injection has been performed but not documented by these records, the overall efficacy of that injection has not been documented. The records indicate that there is minimal pathology to the left shoulder, and the current status of this patient is unknown as the last clinical exam was on 10/30/2013. It is unknown as to whether she is still having significant problems with her left shoulder to warrant surgical intervention. Therefore, this request is not considered medically necessary at this time and is non-certified.

Post op physical therapy x12 sessions- left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 10, 27.

Decision rationale: The MTUS Postop Guidelines state, "'Initial course of therapy' means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section...Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks...Postsurgical physical medicine treatment period: 6 months...Postsurgical treatment, open: 30 visits over 18 weeks...Postsurgical physical medicine treatment period: 6 months." Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 89-92.

Decision rationale: The MTUS/ACOEM states, "Referrals: Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a Behavioral Health Evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility." Since the primary procedure is not medically necessary, none of the associated services are medically necessary. This request is not certified.

DVT prophylaxis: 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-Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, venous thrombosis.

Decision rationale: The ODG states, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis." The rationale for why the requested treatment is not medically necessary is that this request for deep vein thrombosis (DVT) prophylaxis treatment. Since the primary procedure is not medically necessary, none of the associated services are medically necessary, this request is not certified.

Antibiotics (peri-Operative) unspecified medication, strength or quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: The CA MTUS/ACOEM states, "Oral pharmaceuticals are a first-line palliative method. Nonprescription analgesics provide sufficient pain relief for most patients with acute work-related symptoms. If treatment response is inadequate (i.e., symptoms and activity limitations continue), physicians should add prescribed pharmaceuticals or physical methods. Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. The physician should discuss the efficacy of medication for the particular condition, its side effects, and any other relevant information with the patient to ensure proper use and, again, to manage expectations." At this time, the surgical request is not considered medically necessary; and therefore there would be no need for perioperative antibiotics. Since the primary procedure is not medically necessary, none of the associated services are medically necessary. Since the primary procedure is not medically necessary, none of the associated services are medically necessary. This request is not certified.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons, Physicians as Assistants at Surgery, 2011.

Decision rationale: The American College of Surgeons states, in regards to assistants at surgery, "In general, the more complex or risky the operation, the more highly trained the first assistant should be. Criteria for evaluating the procedure include: anticipated blood loss; anticipated anesthesia time; anticipated incidence of intraoperative complications; procedures requiring considerable judgmental or technical skills; anticipated fatigue factors affecting the surgeon and other members of the operating team...Procedures requiring more than one operating team. In limb reattachment procedures, the time saved by the use of two operating teams is frequently critical to limb salvage. It should be noted that reduction in costly operating room time by the simultaneous work of two surgical teams can be cost effective." Since the primary procedure is not medically necessary, none of the associated services are medically necessary.