

<b>Case Number:</b>	CM13-0019891		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 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:

The patient is a 36-year-old male who reported an injury on 06/01/2013. The patient is diagnosed with industrial injury to the right shoulder and calcific tendinitis with possible rotator cuff tear, rotator cuff tendinitis, and AC joint arthrosis with bursitis. The patient was seen by [REDACTED] on 09/10/2013. Physical examination revealed tenderness over the subacromial bursal space and shoulder girdle musculature with positive Neer's and Hawkins impingement signs, 95 degrees forward flexion and abduction, stiffness, and positive empty can testing. Treatment recommendations include physical therapy and a right shoulder diagnostic and operative arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder diagnostic/operative arthroscopic debridement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for

more than 4 months, failure to increase range of motion and strength around the shoulder after exercise programs, and clear clinical and imaging evidence of a lesion. Official Disability Guidelines state a diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. As per the clinical notes submitted the patient underwent an MRI of the right shoulder on 06/24/2013 which indicated a 4 mm hypointense focus within the distal supraspinatus tendon with edema surrounding the soft tissue, moderate supraspinatus and infraspinatus tendinosis, mild subscapularis tendinosis, mild subacromial subdeltoid bursal fluid, and mild degenerative changes of the acromioclavicular joint. There is no evidence of inconclusive findings upon imaging study. There is also no evidence within the documentation submitted of a previous failure to respond to a course of aggressive physical therapy. Based on the clinical information received the patient does not currently meet criteria for a diagnostic arthroscopy. Therefore, the request is non-certified.

**Deep vein thrombosis (DVT) Prophylaxis and Antibiotics-Levaquin, 750mg, #29 x 10 days (post-op): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Official Disability Guidelines recommend monitoring the risk of perioperative thromboemboli complications in both the acute and subacute postoperative periods for possible treatment and identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. There is no evidence within the documentation submitted of this patient being at high risk of developing venous thrombosis postoperatively. Additionally, Official Disability Guidelines state Levaquin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. The medical necessity for the requested postoperative treatment has not been established. As the patient's surgical procedure has not been authorized the current request is also not medically necessary. Therefore, the request is non-certified.