

Case Number:	CM13-0025748		
Date Assigned:	11/20/2013	Date of Injury:	09/06/2012
Decision Date:	01/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational 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.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; and work restrictions. It does not appear that the applicant's work restrictions have been accommodated by the employer, however. In a utilization review report of September 12, 2013, the claims administrator denied a request for arthroscopic shoulder surgery and associated physical therapy and other postoperative supplies. No rationale for the denial was clearly stated, although guidelines attached suggested that the claimant's impingement syndrome could be treated nonoperatively. The applicant's attorney later appealed. An earlier clinical progress note of September 25, 2013 is notable for comments that the applicant reports persistent shoulder pain which wakes her up at night. She is on Naprosyn, Neurontin, and a muscle relaxant. She is off of work as modified duty is unavailable. Shoulder flexion and abduction is limited to 130 degrees with painful range of motion, 4/5 shoulder strength, and positive signs of internal impingement evident. It is stated that the applicant has tried and failed 10 months of conservative care, including a steroid injection. The applicant's work status is unchanged. An IMR application is made. An earlier shoulder MRI of October 26, 2012 is notable for rotator cuff tendinosis with bursal surface fraying and partial disruption of supraspinatus tendon. Degeneration of the labrum is appreciated. Changes associated with bursitis are noted. There is no seeming evidence of a full-thickness tendon tear, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder arthroscopic debridement, decompression distal clavicle excision, with possible repair as needed: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines for Surgery-Acrimioplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 270-278.

Decision rationale: The Physician Reviewer's decision rationale: The operating diagnosis given here is that of impingement syndrome. As noted in the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, arthroscopic decompression for impingement syndrome is not indicated for those applicants with mild symptoms and those who have no activity limitations. Three to six months of conservative treatment are endorsed before surgical intervention is sought. In this case, the applicant has seemingly had longstanding issues with shoulder pain that date back to September 6, 2012. The applicant has tried and failed conservative measures including time, medications, corticosteroid injections, physical therapy, manipulation, etc. Given the failure of conservative measures for greater than three to six months, surgical remedy is indicated, as suggested by the Shoulder Complaints Chapter of the ACOEM Practice Guidelines. Therefore, the original utilization review decision is overturned. The request for one right shoulder arthroscopic debridement, decompression distal clavicle excision, with possible repair as needed is medically necessary and appropriate.

One surgical assistant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the article "Physicians as Assistants at Surgery: 2011 Study".

Decision rationale: The Physician Reviewer's decision rationale: As noted in the 2011 study on Physicians as Assistants At Surgery study undertaken by the American College of Surgeons (ACS) and other surgical specialty organization, including the American Academy of Orthopedic Surgeons (AAOS), the CPT code 29827 which describes the shoulder arthroscopy with rotator cuff repair surgery "almost always" requires a surgical assistant. In this case, the attending provider has seemingly stated that he may in fact perform a rotator cuff repair depending on intraoperative findings during arthroscopy. Having an assistant surgeon on hand may be indicated in this context. The request for one surgical assistant is medically necessary and appropriate.

One anesthesiologist to perform pre-operative history and physical: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the magazine "Hippokratia", 2007 Jan-Mar, Volume 11(1), pages 13-21, article by A Zambouri.

Decision rationale: The Physician Reviewer's decision rationale: The MTUS does not address the topic. As noted by the Preoperative Evaluation And Preparation for Analgesia and Surgery article, a history and physical exam focusing on cardiac risk factors and pulmonary complications and the determination of an applicant's functional capacity are essential to any preoperative evaluation as the ultimate goals of preoperative medical assessment or to reduce an applicant's surgical and anesthetic morbidity and mortality. In this case, preoperative evaluation by the anesthesiologist just prior to undergoing the proposed shoulder surgery is indicated and appropriate, so as to stratify the applicant's cardiac and pulmonary risk. The request for one anesthesiologist to perform pre-operative history and physical is medically necessary and appropriate.

One cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.

Decision rationale: The Physician Reviewer's decision rationale: Per the utilization review report of September 13, 2013, this request was presented as a cold therapy unit between the dates of August 19, 2013 through November 11, 2013. The MTUS does not specifically address the topic of continuous flow cryotherapy postoperatively. As noted in the ODG shoulder chapter, continuous flow cryotherapy topic, continuous cooling devices can be supported for postoperative use on the order of seven days. The three-month rental proposed here, however, cannot be endorsed or supported. The request for one cold therapy unit is not medically necessary or appropriate.

One brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM, 3rd Edition, Shoulder Disorders Chapter.

Decision rationale: The Physician Reviewer's decision rationale: This appears to represent some sort of postoperative shoulder sling, although this is not clearly detailed on the above-

referenced utilization review report. As noted in the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, slings/braces are considered options in the treatment of acute pain associated with a rotator cuff tear. Thus, by implication, the sling is appropriate for postoperative pain control purposes here. The relatively nonspecific Shoulder Complaints Chapter of the ACOEM Practice Guidelines is echoed by that of the third edition ACOEM Guidelines, which do endorse postoperative usage of slings to ultimately advance the activity level. The request for one brace is medically necessary and appropriate.

12 post-operative physical therapy visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: As noted in Post-Surgical Treatment Guidelines, an initial course of therapy means one-half of the general or overall course of therapy. A general course of 24 sessions of treatment is supported following rotator cuff repair surgery and/or surgery for impingement syndrome. In this case, the claimant carries a diagnosis of impingement syndrome/partial thickness rotator cuff tear. Thus, an initial course of 12 sessions of treatment is indicated and appropriate here. The request for 12 post-operative physical therapy visits is medically necessary and appropriate.