

Case Number:	CM13-0028045		
Date Assigned:	11/22/2013	Date of Injury:	07/21/2012
Decision Date:	01/17/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 Shoulder and Elbow 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.

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 57-year-old male who reported an injury on 07/21/2012 when he forcefully wiggled a trash bin weighing over 500 pounds and injured his left shoulder. The patient is noted to have undergone electrodiagnostic testing on 12/10/2012 which is reported to be negative for findings of radiculopathy of the cervical or lumbar spine. He is noted to have undergone an MRI of the left shoulder on 12/05/2012 which was reported to show labral pathology suspected at the anterior and superior labrum, findings suggested of an element of adhesive capsulitis and glenohumeral joint arthrosis was suspected. On 08/22/2013, the patient is reported to be seen for an orthopedic evaluation. He is reported to complain of pain which he rated 8/10 to 9/10 which he reported was present all day and wakes him from sleep at night. He is noted to have treated with rest, heat, cold, elevation, and physical therapy all with no long-term relief. He is noted to have be a type 2 diabetic and taking oral medications. On physical examination of the left shoulder he was noted to have decreased range of motion with 140 degrees of flexion and abduction. There were no findings of parascapular muscle wasting or scapular winging. He was noted to have 5/5 strength of the left upper extremity in all planes in forward flexion, scapular abduction, external and internal rotation. Distal sensation was normal and biceps and triceps reflexes were normal. There was no tenderness at the acromioclavicular joint. There was tenderness at the subacromial bursa. The patient was noted to have positive Neer's and Hawkins impingement signs and no evidence of instability. A request was submitted for a diagnostic operative arthroscopy as the patient has been symptomatic for almost 3 years despite conservative measures and had MRI evidence of impingement SLAP tear and glenohumeral arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.fchp.org/NR/rdonlyres/9FD61BA7-29B5-A3f029B8FE5C2865/0/Assistantsrugeonpaymentpolicy.pdf>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons (web), Physicians as Assistants at Surgery: 2013 Study (Revised December 6, 2013). <http://www.facs.org/ahp/pubs/pubs.html>.

Decision rationale: The California MTUS, ACOEM and Official Disability Guidelines do not address the request. The American College of Surgeons Physicians as Assistants at Surgery 2013 states that an assistant surgeon is sometimes necessary for diagnostic arthroscopy of the shoulder, extensive debridement, distal clavicle resection, decompression of the subacromial space with partial acromioplasty and coracoacromial ligament; however, as there is no indication for the surgery, the need for an assistant surgeon is not established. As such, the request for an assistant surgeon is non-certified

Left shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated possible distal clavicle resection: 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 Guidelines), Surgery Chapter.

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

Decision rationale: The patient is a 57-year-old male who reported an injury to his left shoulder on 07/21/2012. He is noted to have treated conservatively with physical therapy, rest, heat, cold, and elevation which did not provide long-term relief. He is noted to have undergone an MRI of the left shoulder which revealed labral pathology suspected at the superior anterior labrum with elements of adhesive capsulitis and glenohumeral arthritis. The patient was noted on physical examination to have decreased range of motion with 140 degrees of forward flexion with abduction; no focal neurological findings were noted. The patient was noted to have 5/5 strength of the shoulder, tenderness to palpation over the subacromial bursa with a positive Hawkins and Neer sign. There was also a positive O'Brien's test. The California MTUS Guidelines recommend surgery for impingement syndrome after conservative care including cortisone injections have been carried out for at least 3 to 6 months before considering surgery and notes that debridement of the inflamed tissues removal of the coracoacromial ligament and sometimes removal of the outer clavicle are also indicated. However, as the patient is not noted on physical exam to have weak or absent abduction and underwent diagnostic injections with anesthetic with temporary relief of pain and the MRI findings, the requested surgery does not meet guideline

recommendations. Based on the above, the request for a left shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of a coracoacromial ligament and bursa as indicated possible distal clavicle resection is non-certified.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardian Surgery (<http://circ.ahajournals.org/cgi/content/full/116/17/e418>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines recommend preoperative medical clearance based on the patient's clinical exam findings and medical history. The patient is noted to be a diabetic and to have immediate family history of cancer and heart disease. However, as the requested surgery is not indicated, the need for preoperative medical clearance is not established. Based on the above, the request for medical clearance is non-certified.

DVT prophylaxis (peri-operative): 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 Chapter, Venous Thrombosis and the National Guideline Clearinghouse (http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Venous thrombosis.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines recommend prophylactic measures for patients identified at high risk for DVT when undergoing orthopedic surgeries. However, as the requested surgery is not indicated, the need for DVT prophylaxis is not established. Based the above, the request for DVT prophylaxis (peri-operative) is non-certified.

Antibiotics, Levaquin 750mg for ten (10) days (peri-operative), #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/levaquin-oral-solution.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Enzler, Mark J., Elie Berbari, and Douglas R. Osmon. "Antimicrobial prophylaxis in adults." In Mayo Clinic Proceedings, vol. 86, no. 7, p. 686. Mayo Foundation, 2011. Fahy, Brenda G., Edwin A. Bowe, and Joseph Conigliaro. "Perioperative antibiotic process improve

Decision rationale: The California MTUS/ACOEM and ODG do not address the request. Peer reviewed journal articles for the Mayo Foundation and the American Journal of Medical Quality recommend the use of prophylactic peri-operative antibiotics for patient undergoing shoulder surgery. However, as the requested surgery is not indicated, the need for peri-operative antibiotics is not established. Based on the above, the request for antibiotics, Levaquin 750mg for ten (10) days (peri-operative), #20 is non-certified.