

<b>Case Number:</b>	CM13-0031301		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/01/1993
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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. 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 claimant is a 60-year-old gentleman who injured his right shoulder in a work related accident on November 1, 1993. Recent medical records included an August 28, 2013 right shoulder MRI report showing full thickness tearing to the supraspinatus tendon with bicipital tenosynovitis, subacromial bursitis and glenohumeral joint effusion. There were also noted degenerative changes to the AC joint. A recent clinical assessment dated September 5, 2013 showed continued complaints of pain about the shoulder with restricted range of motion, positive impingement signs and weakness at 4/5 with supraspinatus testing. Reviewed at that assessment was the claimant's MRI scan as well as it was documented that the claimant had stopped smoking for several years. Prior conservative care included previous injection therapy, medication management and therapy. The medical records documented that a prior surgical process to the shoulder had occurred years ago which the treating physician noted had failed due to "smoking habit". At the last assessment, it noted the claimant had gone one month without smoking. There was a request for surgical intervention in the form of rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Video arthroscopy, subacromial decompression, rotator cuff repair and possible tenodesis of long tendon of biceps:** Overturned

**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): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Surgery for ruptured biceps tendon (at the shoulder).

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the surgical process to the claimant's shoulder would appear to be medically necessary. The claimant's clinical evaluation demonstrates significant weakness and impingement signs with an MRI scan showing full thickness rotator cuff pathology, impingement, bicipital tendinosis and AC joint changes. While the claimant is noted to have a positive smoking history, the role of smoking is not a specific Guideline criterion per California ACOEM Guidelines to support or refute a surgical process for the shoulder. This claimant would meet all necessary ACOEM Guideline criteria for the role of rotator cuff repair. The process in question would appear to be medically necessary.

**Pre-op antibiotics: one gram Ancef IVPB; if patient allergic to Ancef, Clindamycin 600 mg IV 30 minutes prior to surgery or en-route to the OR: Overturned**

**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): 210.

**Decision rationale:** Also based on California ACOEM Guidelines, the surgical process in this case has been established. This would support the role of perioperative antibiotics which are a Standard of Care in any operative setting.

**Pneumatic anti-embolic stockings: 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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, and 2013 Updates: forearm/wrist/hand procedure - Vasopneumatic devices.

**Decision rationale:** MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, antiembolic stockings would not be supported. While the claimant is to undergo a surgical process to the shoulder, there is nothing to indicate significant increased risk of the lower extremity for a venothrombotic event given the claimant's surgical arthroscopy is being requested to the upper extremity. The specific request in this case would not be supported.

**Arthrex equipment:** 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): 210.

**Decision rationale:** Based on ACOEM Guidelines, the surgical process in question is supported. This would necessitate the role of "Arthrex equipment" which is a specific arthroscopy company that supplies equipment for arthroscopic procedures to the shoulder.

**pre-op work up: CBC, Chem 7, PT, PTT, CXR:** Overturned

**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 on Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, and 2013 Updates: low back procedure Preoperative lab testing.

**Decision rationale:** MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, preoperative workup would appear to be medically necessary. The claimant is to undergo anesthetic procedure and is noted to have a smoking history. The role of preoperative laboratory assessment as well as a chest x-ray would appear medically necessary.