

Case Number:	CM13-0043623		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2008
Decision Date:	04/29/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 expert 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 is a 59 year-old, right-handed male with a 3/4/2008 cumulative trauma injury to the left shoulder. He has been diagnosed with left shoulder impingement and rotator cuff tendinosis. The 1/21/10 MRI shows Hill-Sach's lesion, moderate AC hypertrophy, infraspinatus tendinosis without definite tear, and non-visualized superior labrum. The 7/10/13 orthopedic QME from [REDACTED] notes a past medical history of lumbosacral spine surgery (L4/5, L5/S1 PLIF on 2/25/09) and SCS placement, and a foot surgery. [REDACTED] states the patient should have formal therapy on the left shoulder and is a candidate for subacromial and AC injections, and noted there is potential need for surgery including SAD, and Mumford with post-op bracing and formal therapy. According to the 8/21/13 orthopedic report from [REDACTED], the patient has failed conservative care and the symptoms are becoming progressively worse over the past 2-years, and he is a candidate for left shoulder arthroscopy, SAD and possible RCR. [REDACTED] notes a history of hypertension, and states the patient would need preoperative medical clearance; after the surgery, he would need PT 3x6, and a Don Joy Ultrasling II. On 10/25/13 UR recommended non-certification for the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION WITH POSSIBLE ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The patient presents with left shoulder pain from cumulative trauma, and has prior history of lumbar fusion in 2009 and spinal cord stimulator placement. The 7/25/13 [REDACTED], the orthopedic QME states the patient should have formal therapy on the left shoulder and up to 3 cortisone injections subacromial and AC joint, and that there was a potential need for decompression and Mumford. On 8/21/13, [REDACTED] says the patient had conservative care and requests surgery. There is no indication that the patient has had the cortisone injections, or the course of PT recommended by the first orthopedic surgeon 4-weeks earlier. MTUS/ACOEM guidelines state: "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery" It has not been 3-6 months since the first orthopedist recommended PT and cortisone injections. The 8/21/13 request for surgery is not in accordance with the ACOEM guidelines, or the orthopedic QME's recommendations.

POST-OP PHYSICAL THERAPY 3X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with left shoulder pain from cumulative trauma, and has prior history of lumbar fusion in 2009 and spinal cord stimulator placement. The physician requested left shoulder decompression surgery and wanted post-op PT 3x6. The shoulder surgery was not able to be approved as there was no indication of conservative care recommended by the orthopedic QME 4-weeks earlier. The review for post-op PT without an operative procedure is probably a moot point, but if the surgery were approved, the MTUS post-surgical treatment guidelines, state a general course of care for impingement syndrome is 24 visit, and the initial course of care would be half of that or 12 visits, The initial request for 18 session would exceed the MTUS postsurgical guidelines, and would not be recommended.

MEDICAL CLEARANCE: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The patient presents with left shoulder pain from cumulative trauma, and has prior history of lumbar fusion in 2009 and spinal cord stimulator placement. The physician requested left shoulder decompression surgery and wanted pre-operative medical clearance due to history of hypertension. The shoulder surgery was not able to be approved as there was no

indication of conservative care recommended by the orthopedic QME 4-weeks earlier. There is no need for pre-surgical medical clearance if there is no surgery. However, if the surgery were to be approved, pre-operative medical clearance would be appropriate. ODG guidelines states "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, co morbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status."

DONJOY ULTRASLING: 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.

Decision rationale: The patient presents with left shoulder pain. The request is for a DonJoy sling. The request was made in anticipation for post-operative care, but the surgery was not able to be approved. Without the surgery, MTUS/ACOEM states a shoulder sling is necessary for acute pain, rotator cuff tear or AC joint strain. The patient was not found to have a rotator cuff tear, and does not have acute pain. The request for the Don Joy Sling may be appropriate after a surgical procedure, but in the absence of any operations, the sling is not in accordance with MTUS/ACOEM guidelines.