MAXIMUS Federal Services

Case Number:	CM13-0057067		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2013
Decision Date:	04/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 claimant is a 50-year-old gentleman who reportedly suffered an injury to his right shoulder diagnosed as a rotator cuff injury on 10/01/13. The records provided for review documented that the claimant continues to complain of persistent pain in the right shoulder. It has been recommended that he undergo right shoulder arthroscopic subacromial decompression and rotator cuff repair. The records included an MRI scan report of the claimant's right shoulder, dated 09/16/13, prior to the reported vocationally related injury of 10/01/13. In fact, the records state the claimant's pain complaints started a month earlier. Of note is the fact that the attending provider submitted a note from February of 2014, which stated that the claimant failed two weeks of therapy and that his interpretation is that the MRI scan report is inaccurate to the extent that the claimant has a full-thickness rotator cuff tear as opposed to a partial-thickness rotator cuff tear. Also of note is the fact that at his February 26 evaluation, the attending physician documented that the claimant's right shoulder was feeling better, yet he still recommended surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Distal Clavicle Resection Decompression, Rotator Cuff Repair and possible Biceps Tenodesis and possible Labrum Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery for Slap Lesions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The evidence-based CA MTUS ACOEM 2004 Guidelines would not support right shoulder surgery in this particular case based on the following rationale: in particular, the ACOEM Guidelines point out that in the absence of the rotator cuff pathology (there is no correlative imaging study that would be consistent with the attending physician's opinion) the patient should have failed three to six months of conservative care that would include physical therapy, activity modification, as well as consideration for a subacromial injection. The documented two weeks of therapy where the claimant did not seemingly improve would appear to be insufficient in this setting. Furthermore, there is no documentation that the claimant has been performing a home exercise program. At the very least, the records suggest this claimant is improving, all of which would suggest that surgery would not be warranted in this particular case. Lastly, it would be noteworthy that the claimant's imaging studies appear to be a month earlier than the claimant's reported date of injury, an issue that would appear to need to be addressed. Based on all of the information provided, the claimant does not appear to have failed a reasonable course of conservative care. In fact, he appears to be improving with conservative care. Thus, the surgical indications would not be present in this particular case.

Pre-operative 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) Low Back (updated 10/9/13) Pre-operative Electrocardiogram (ECG), Criteria for Pre-operative Electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition; 2013 Updates: Pre-op Clearance: EKG.

Decision rationale: As the surgery is not recommended as medically necessary, the preoperative medical clearance is not recommended as medically necessary.

Electrocardiogram (EKG): 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) Low Back (updated 10/9/13) Pre-operative Electrocardiogram (ECG), Criteria for Pre-operative Electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition; 2013 Updates: Pre-op Clearance: EKG.

Decision rationale: As the surgery is not recommended as medically necessary, the electrocardiogram is not recommended as medically necessary.

Chest X-ray: 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)Low Back (updated 10/9/13) Pre-operative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition; 2013 Updates: Chapter Low Back: Pre-op Clearance: chest X-ray.

Decision rationale: As the surgery is not recommended as medically necessary, the chest x-ray is not recommended as medically necessary.

Scalene Nerve Block: 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 (updated 6/12/13) Anterior Scalene Nerve Block. .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition; 2013 Updates: Chapter Shoulder: Nerve Block.

Decision rationale: As the surgery is not recommended as medically necessary, the scalene nerve block is not recommended as medically necessary.

Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th Edition: Assistant Surgeon.

Decision rationale: As the surgery is not recommended as medically necessary, a surgical assistant is not recommended as medically necessary.

Post-op cold flow 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 (ODG)Shoulder (updated 6/12/13) Continuous-Flow Cryotherapy; CA MTUS 2009 Shoulder Complaints; ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Pages 561-563, Summary of Recommendations and Evidence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition; 2013 Updates: Chapter Shoulder: Continuous Flow Cryotherapy.

Decision rationale: As the surgery is not recommended as medically necessary, a post-op cold flow unit is not recommended as medically necessary.

Post-op ARC Brace: 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 (updated 6/12/13), Post-operative Abduction Pillow Sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition; 2013 Updates: Chapter Shoulder: Postoperative Abduction Sling Pillow.

Decision rationale: As the surgery is not recommended as medically necessary, the post-op ARC brace is not recommended as medically necessary.

Post-op physical therapy 3 x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As the surgery is not recommended as medically necessary, the postoperative physical therapy (3 x8) is not recommended as medically necessary