

Case Number:	CM13-0065187		
Date Assigned:	01/03/2014	Date of Injury:	11/03/2007
Decision Date:	03/28/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopaedic 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.

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 57-year-old male roofer is status post two prior left shoulder arthroscopic surgeries with residual symptoms. He underwent a SLAP repair, rotator cuff repair, and distal clavicle resection on 7/18/08. A repeat left shoulder arthroscopy with biceps tenodesis, acromioplasty, and rotator cuff revision repair was performed 8/17/11 due to on-going symptoms. The 8/6/13 left shoulder MRI revealed evidence of a recurrent rotator cuff tear, biceps tenodesis, and degeneration of the superior labrum. The 9/18/13 treating physician report cited chronic bilateral shoulder pain, left greater than right, with sleep disruption due to pain when he lays on the left shoulder. Exam findings documented painful loss of range of motion in abduction and forward flexion, positive apprehension test, pain in the posterior subacromial fossa, and weakness in lateral rotation. Records indicate that conservative treatment has been limited to medication management over the past year with good benefit. The 11/16/13 orthopedic report indicated the patient was unable to work because of pain. Objective findings documented left shoulder elevation to 130 degrees, external rotation to 40 degrees, internal rotation to mid-lumbar, mild tenderness over the AC joint, moderate tenderness over the greater tuberosity and proximal biceps, and 4/5 rotator cuff strength. X-rays revealed evidence of mild arthritic changes of the shoulder. The orthopedist requested a revision arthroscopy with assistant surgeon and post-operative medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder decompression, debridement, possible distal clavical excision, possible labral repair, possible rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; Postsurgical Treatment Guidelines; and California Chronic Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Impingement Syndrome; Surgery for Rotator Cuff Repair.

Decision rationale: The request under consideration is for left shoulder decompression, debridement, possible distal clavicle resection, possible labral repair, and possible rotator cuff repair. The California MTUS guidelines for shoulder surgeries do not apply to this chronic injury. The Official Disability Guidelines for shoulder decompression and rotator cuff surgery require 3 to 6 months of conservative treatment, plus painful active arc of motion 90-130 degrees, plus weak or absent abduction, positive impingement sign, positive diagnostic injection test, and imaging evidence of rotator cuff deficit. Recent detailed comprehensive non-operative treatment is not documented as having been tried and failed, as per applicable clinical guidelines. Clinical findings do not meet guideline criteria for the requested surgery relative to painful arc of motion, positive impingement sign and/or positive diagnostic injection. Given the failure to meet guideline criteria, the request for left shoulder decompression, debridement, possible distal clavicle resection, possible labral repair, and possible rotator cuff repair is not medically necessary at his time.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; Postsurgical Treatment Guidelines; and California Chronic Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule Search.

Decision rationale: The left shoulder decompression, debridement, possible distal clavicle resection, possible labral repair, and possible rotator cuff repair is not medically necessary; therefore, the request for an assistant surgeon is also not necessary.

Twelve (12) post-operative physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Shoulder; Postsurgical Treatment Guidelines; and California Chronic Medical Treatment Guidelines (May 2009).

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

Decision rationale: The left shoulder decompression, debridement, possible distal clavicle resection, possible labral repair, and possible rotator cuff repair is not medically necessary; therefore, the request for 12 post-operative physical therapy visits is also not necessary.

Keflex 500mg #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; Postsurgical Treatment Guidelines; and California Chronic Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse; Clinical practice guidelines for antimicrobial prophylaxis in surgery.

Decision rationale: The left shoulder decompression, debridement, possible distal clavicle resection, possible labral repair, and possible rotator cuff repair is not medically necessary; therefore, the request for one post-operative prescription of Keflex 500 mg #12 is also not necessary.

Zofran 4mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; Postsurgical Treatment Guidelines; and California Chronic Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics.

Decision rationale: The left shoulder decompression, debridement, possible distal clavicle resection, possible labral repair, and possible rotator cuff repair is not medically necessary; therefore, the request for one post-operative prescription of Zofran 4 mg #10 is also not necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Shoulder; Postsurgical Treatment Guidelines; and California Chronic Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication Page(s): 22.

Decision rationale: The left shoulder decompression, debridement, possible distal clavicle resection, possible labral repair, and possible rotator cuff repair is not medically necessary; therefore, the request for one post-operative prescription of Ibuprofen 800 mg #90 is also not necessary.

Colace 100mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; Postsurgical Treatment Guidelines; and California Chronic Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The left shoulder decompression, debridement, possible distal clavicle resection, possible labral repair, and possible rotator cuff repair is not medically necessary; therefore, the request for one post-operative prescription of Colace 100 mg #10 is also not necessary.

Norco 7.5/325mg #50:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; Postsurgical Treatment Guidelines; and California Chronic Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The left shoulder decompression, debridement, possible distal clavicle resection, possible labral repair, and possible rotator cuff repair is not medically necessary; therefore, the request for one post-operative prescription of Norco 7.5/325 mg #50 is also not necessary.

Vitamin C 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Shoulder; Postsurgical Treatment Guidelines; and California Chronic Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

Decision rationale: The left shoulder decompression, debridement, possible distal clavicle resection, possible labral repair, and possible rotator cuff repair is not medically necessary; therefore, the request for one post-operative prescription of Vitamin C 500 mg #60 is also not necessary.