

Case Number:	CM13-0066679		
Date Assigned:	01/03/2014	Date of Injury:	11/03/2012
Decision Date:	06/16/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/16/2013

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.

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 24 year old female who was injured on 11/13/2012. The patient felt a pulling with pain in her right shoulder. Prior treatment history has included Vicodin. PR2 dated 12/11/2013 states the patient presents with no new or further injuries. She complains of pain to the right shoulder. The pain is constant. She complains of reduced range of motion of the right shoulder. The pain is increased with movement of the right arm. On examination of the right shoulder, there is tenderness to palpation to the subacromial bursa, biceps tendon, infraspinatus, and triceps belly. The patient experiences limited flexion, extension, abduction, adduction, and external and internal rotation. Speed, Neer, and Hawkin's tests are positive. Labral compression test is positive. Diagnosis is right shoulder rotator cuff strain, right shoulder mineral spur along the undersurface of the acromion; modest inflammatory changes are seen in the rotator cuff tendon; and right shoulder complex signal irregularity in the anterior/superior labrum with associated blunting of the labral contour, suggestive of labral tearing. An authorization is requested for an extension on the right shoulder surgery. The surgery is scheduled for February 7, 2013. PR2 dated 11/06/2013 reports the patient continues to note constant right shoulder pain. The pain is aggravated with positioning of her arm at or above shoulder level. She experiences painful popping. Her pain is relieved with the use of a sling. Range of motion is limited and painful. Physical exam of the right shoulder reveals tenderness to the pectoralis, biceps tendon, lateral deltoid, teres major, acromioclavicular joint, levator scapulae, and upper trapezius; range of motion is limited with all maneuvers. She has a positive labral compression test. She also has a positive Neer sign and a positive speed sign. Diagnosis is right shoulder rotator cuff strain, right shoulder mineral spur along the undersurface of the acromion; modest inflammatory changes are seen in the rotator cuff tendon; and right shoulder complex signal irregularity in the anterior/superior labrum with associated blunting of the labral contour, suggestive of labral

tearing. An authorization is requested for right shoulder outpatient surgery for arthroscopic debridement versus repair of the anterior/superior glenoid labral tear and debridement as indicated. Authorization is also requested for pre-operative surgical clearance by an internist, post-operative use of a cold therapy unit; a surgi-stem TENS unit for two weeks, a sling, and physical therapy twice per week for approximately 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP SURGICAL CLEARANCE W/ AN INTERNIST FOR THE RIGHT SHOULDER SURGERY: 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, PREOPERATIVE TESTING "GENERAL".

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, PREOPERATIVE TESTING "GENERAL".

Decision rationale: According to the ODG, preoperative testing, is recommended as 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, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The medical records document the patient diagnosed with right shoulder rotator cuff strain, the patient is authorized for right shoulder surgery. As the patient is a 24 year old with no documented medical issue that would require clearance of internist to have the surgery, the request is not medically necessary according to the guidelines.

POST OP USE OF A SURGI-STM TENS UNIT FOR 2 WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY (TENS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, POST OPERATIVE PAIN Page(s): 116-117.

Decision rationale: According to the CA MTUS guidelines, TENS, post operative pain (transcutaneous electrical nerve stimulation) is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. The medical records document the patient diagnosed with right shoulder rotator cuff strain, the patient was authorized

for right shoulder surgery. As the surgical intervention does not require thoracotomy, the request is not medically necessary according to the guidelines.

POST OP PHYSICAL THERAPY 2 TIMES 8 FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11, 27.

Decision rationale: According to the CA MTUS guidelines, post surgical PT is recommended. The Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment which are 12 visits for post Postsurgical treatment (RC repair/acromioplasty) as the patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. The medical records document the patient diagnosed with right shoulder rotator cuff strain, the patient is authorized for right shoulder surgery. As request is requiring 16 sessions which are more than the recommended guidelines as initial course of therapy, the request is not medically necessary.