MAXIMUS Federal Services

Case Number:	CM13-0067162		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2012
Decision Date:	06/25/2014	UR Denial Date:	11/17/2013
Priority:	Standard	Application Received:	12/17/2013

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, has a subspecialty in Spine Fellowship, 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 50-year-old male patient status post injury April 25, 2012. The patient has been treated for chronic right shoulder complaints. He has MRI evidence of glenohumeral arthritis and rotator cuff tendinitis. The October 23, 2013 progress note stated that the patient underwent a course of physical therapy that was not significantly beneficial. The patient continued to have pain with the use of his shoulder and difficulty sleeping at night due to pain. The physical examination revealed right shoulder forward flexion to 130 degrees, strongly positive Neer and Hawkins testing, tenderness at the AC joint and positive cross arm testing with a positive O'Brien's. Physical therapy note October 10, 2013 showed that the patient has had ten sessions of therapy. This note states that the patient is working full duty. The recommendation was for 2 visits a week for 6 more weeks. There is documentation of a November 17, 2013 adverse determination. The request was not recommended due to lack of documentation of a full course of conservative care. The patient was also noted to be working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER DIAGNOSTIC/OPERATIVE ARTHROSCOPIC DEBRIDEMENT WITH ACROMIOPLASTY RESECTION OF CORACOACROMIAL LIGAMENT AND BURSA AS INDICATED POSSIBLE DISTAL CLAVICLE RESECTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9 SHOULDER COMPLAINTS, 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The Shoulder Complaints Chapter of the ACOEM Practice Guidelines states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, the Shoulder Complaints Chapter of the ACOEM Practice Guidelines states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. The patient presents with persistent right shoulder complaints. Physical exam demonstrates shoulder forward flexion to 130 degrees, strongly positive Neer and Hawkins testing, tenderness at the AC joint and positive cross arm testing with a positive O'Brien's. MRI demonstrates glenohumeral arthritis and rotator cuff tendinitis. The patient has failed PT and medication. The request for right shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated possible distal clavicle resection is medically necessary and appropriate.

PRE OP MEDICAL CLEARANCE: 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing. Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

Decision rationale: Regarding pre op medical clearance, given that the associated surgical request is medically necessary, the request for a preoperative medical clearance, considering the patient's age, is also medically necessary. Therefore, the request for pre operative medical clearance is medically necessary and appropriate.

POST OP PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Regarding post op physical therapy sessions for the right shoulder, the Postsurgical Treatment Guidelines support up to 24 sessions for postoperative care. However, as a specific number of visits requested was not identified, the request for postoperative care is not medically necessary. The request for post operative physical therapy sessions for the right shoulder is not medically necessary or appropriate.

ASSISTANT SURGEON: 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 Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: Regarding assistant surgeon, given that the associated surgical request has been found to be medically necessary, the request for assistant surgeon is also medically necessary. Therefore, the request for an assistant surgeon is medically necessary and appropriate.