

<b>Case Number:</b>	CM13-0068208		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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:

The claimant is a 48-year-old female who sustained an injury to the left shoulder on April 22, 2010. The records provided for review included an assessment on October 23, 2013 noting ongoing complaints of left shoulder and left knee pain. Specific to the left shoulder, there was tenderness over the subacromial space, positive Near and Hawkin's testing and positive drop arm and empty can testing. The treating provider documented that a previous Magnetic resonance imaging (MRI) scan of the left shoulder from April 6, 2012 revealed full thickness rotator cuff tearing. Based on failed conservative measures, surgical at present there is request for a diagnostic/operative arthroscopy of the left shoulder arthroscopy with subacromial decompression, distal clavicle resection and rotator cuff repair. No imaging reports or documentation of failed conservative treatment was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant

surgeon: Assistant Surgeon Guidelines (Codes 29355 to 29901) CPT® Y/N Description 29827 N Arthroscopy, shoulder, surgical; with rotator cuff repair

**Decision rationale:** Left shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of coracoacromial ligament and bursa as indicated, and possible distal resection with rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for an assistant surgeon would not be necessary.

**MEDICAL CLEARANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Left shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of coracoacromial ligament and bursa as indicated, and possible distal resection with rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for preoperative medical clearance would not be necessary.

**LEFT DIAGNOSTIC/OPERATIVE ARTHROSCOPIC DEBRIDEMENT WITH ACROMIOPLASTY RESECTION OF CORACOACROMIAL LIGAMENT AND BURSA AS INDICATED POSSIBLE DISTAL RESECTION WITH 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.

**Decision rationale:** California American College of Occupational and Environmental Medicine (ACOEM) Guidelines supported by Official Disability Guideline criteria do not support the proposed surgery. Unfortunately, in this case there is no clinical imaging available for review to confirm or refute the diagnosis of full thickness rotator cuff pathology. The treating physician indicates the study in question was from 2012. There is no documentation regarding the degree of acromioclavicular joint findings on imaging or examination to support a distal clavicle resection. Based upon the records provided for review the surgery for left shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of coracoacromial ligament and bursa as indicated, and possible distal resection with rotator cuff repair cannot be recommended as medically necessary.

**POST-OPERATIVE PHYSICAL THERAPY, TWELVE SESSION, TWO TIMES SIX:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Left shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of coracoacromial ligament and bursa as indicated, and possible distal resection with rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for twelve sessions of physical therapy would not be necessary.

**DEEP VENOUS THROMBOSIS (DVT):** Upheld

**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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Venous thrombosis.

**Decision rationale:** Left shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of coracoacromial ligament and bursa as indicated, and possible distal resection with rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for Deep Venous thrombosis (DVT) prophylaxis in this case would not be necessary.

**LEVQUIN #20 750MG FOR TEN DAYS PERI OPERATIVE:** Upheld

**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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: infectious procedure - Levofloxacin (Levaquin®)

**Decision rationale:** Left shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of coracoacromial ligament and bursa as indicated, and possible distal resection with rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for perioperative antibiotic would not be necessary.