MAXIMUS Federal Services

Case Number:	CM14-0007469		
Date Assigned:	02/07/2014	Date of Injury:	07/13/2012
Decision Date:	08/08/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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 is a 46 year-old female with a 7/13/12 date of injury to the right shoulder after catching plywood. The patient was seen on 11/25/13 with complaints of losing range of motion and worsening pain in the right shoulder. Exam findings revealed any motion was extremely painful. AROM forward flexion and abduction was 45 degrees. Rotation (internal and external) was 50 degrees, PROM was improvement but guarding and pain on passive movement was noted. There was weakness in the rotator cuff; the exam was limited by pain. Apparently an MRI of the right shoulder dated 7/20/13 revealed focal moderately severe supraspinatus tendinosis and a granulation filled interstitial partial tear, mild bursitis, type II acromion with thickened coracoacromial ligament and small enthesophyte. The diagnosis is impingement syndrome with a 1/23/13 EMG/NCV: normal. Treatment to date: physical therapy x 6 (stopped secondary to the shoulder becoming more painful), medications, injections (dates unknown). An adverse determination was received on 12/27/13 given there was no evidence of significant conservative treatment for 3-6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESECTION OF CORACOACROMIAL LIGAMENT AND OR BURSA AS INDICATED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

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

Decision rationale: CA MTUS 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, MTUS 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. This patient apparently has a mild bursitis on MRI, but the actual MRI dated 7/20/13 was not available for review. In addition, the patient apparently had injections to the shoulder, but it is unclear when these injections took place and the patient's response to them. She apparently had 6 sessions of physical therapy but had to quit because her shoulder became more painful. However, these reports are not available for review. The type and duration of conservative treatment to date is not clear. Therefore, the request is not medically necessary.

MUMFORD PROCEDURE, MANIPULATION UNDER ANESTHESIA, CAPSULAR RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Partial claviculectomy (Mumford procedure).

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

Decision rationale: CA MTUS supports surgical consultation/intervention for patients who have: Red flag conditions; Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. ODG supports partial claviculectomy (including Mumford procedure) with imaging evidence of significant AC joint degeneration along with physical findings (including focal tenderness at the AC joint, cross body adduction test, active compression test, and pain reproduced at the AC joint with the arm in maximal internal rotation may be the most sensitive tests), and pain relief obtained with an injection of anesthetic for diagnostic purposes. Non-surgical modalities includes at least 6 weeks of care directed towards symptom relief prior to surgery including anti-inflammatories and analgesics, local modalities such as moist heat, ice, or ultrasound. ODG criteria for manipulation under anesthesia include adhesive capsulitis refractory to conservative therapy lasting at least 3-6 months where abduction remains less than 90. There was no mention of AC joint arthropathy on MRI, and the actual MRI dated 7/20/13 was not available for review. In addition, there is a lack of clinical evidence of AC joint degeneration. With regard to an MUA, the patient had 6 physical therapy sessions, which gave her more pain. The physical therapy notes are not available for review. Her PROM was noted to be better than her AROM on exam. In addition, her

conservative treatment to date is not clear. Therefore, the request for a Mumford procedure and manipulation under anesthesia, capsular release is not medically necessary.

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 http://www.guidelines.gov.content.aspx?id=38289, Preoperative evaluation.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing).

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Since the primary treatment (surgery) is not medically necessary, the associated services, such as pre-operative medical clearance, are not medically necessary.

ASSISTANT SURGEON: Upheld

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

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: CA MTUS/ACOEM/ODG does not address assistant surgeon. Similar guideline referenced. American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics states on the role of the First Assistant: According to the American College of Surgeons: The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. The first assistant's role has traditionally been filled by a variety of individuals from diverse backgrounds. Practice privileges of those acting as first assistant should be based upon verified credentials reviewed and approved by the hospital credentialing committee (consistent with state laws). In general, the more complex or risky the operation, the more highly trained the first assistant should be. Criteria for evaluating the procedure include:-anticipated blood loss -anticipated anesthesia time -anticipated incidence of intraoperative complications -procedures requiring considerable judgmental or technical skills -

anticipated fatigue factors affecting the surgeon and other members of the operating team - procedures requiring more than one operating team. In limb reattachment procedures, the time saved by the use of two operating teams is frequently critical to limb salvage. It should be noted that reduction in costly operating room time by the simultaneous work of two surgical teams could be cost effective. Since the primary treatment (surgery) is not medically necessary, the associated services, such as an assistant surgeon, are not medically necessary.

RIGHT SHOULDER ARTHROSCOPY, POSSIBLE ARTHROSCOPIC DECOMPRESSION WITH ACROMIOPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 9 - SHOULDER COMPLAINTS, 560-561.

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

Decision rationale: CA MTUS 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, MTUS 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. This patient apparently has a partial rotator cuff tear on MRI, but the actual MRI dated 7/20/13 was not available for review. In addition, the patient apparently had injections to the shoulder, but it is unclear when these injections took place and the patient's response to them. She apparently had 6 sessions of physical therapy but had to quit because her shoulder got more painful, but again these reports are not available for review. Her conservative treatment to date is not clear. Therefore, the request for a right shoulder arthroscopy, possible arthroscopic decompression with acromioplasty is not medically necessary.