

<b>Case Number:</b>	CM14-0107371		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 47-year-old female janitor sustained an industrial injury on 12/27/12 lifting a trash bag. Past medical history was positive for type II diabetes mellitus. Right shoulder MRI obtained in November 2013 showed a rotator cuff tear and impingement syndrome. Conservative treatment for the shoulder included activity modification, physical therapy, shoulder corticosteroid injection, and anti-inflammatory medications. Records indicated persistent complaints of right shoulder pain and functional loss despite conservative treatment. The 6/2/14 orthopedic consult report cited continued right shoulder pain. Physical exam documented tenderness to palpation over the greater tuberosity, anterior joint capsule, and biceps groove. There was limited range of motion, weakness, and positive apprehension, cross chest, Hawkin's and Neer's tests. The diagnosis was right shoulder tendonitis and impingement syndrome, acromioclavicular joint arthrosis, and possible labral tear. MRI and physical exam findings were found to be consistent with rotator cuff tear and impingement syndrome. The patient had failed conservative treatment. The treatment plan recommended right shoulder diagnostic arthroscopy with subacromial decompression and distal clavicle excision including pre-operative labs, EKG, post-op physical therapy, and durable medical equipment. The 7/3/14 utilization review determination indicated that the request for right shoulder surgery and associated services was denied. Within the rationale, the reviewer stated that the medical necessity of surgery was established but the medical necessity of pre-operative testing was not.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Diagnostic Arthroscopy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule.

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

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have been met. This patient presents with persistent function-limiting right shoulder pain despite comprehensive conservative treatment. Subjective and clinical exam findings are consistent with imaging evidence for rotator cuff tear and impingement syndrome. Therefore, this request is medically necessary.

**Subacromial Dicompression: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule.

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

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have been met. This patient presents with persistent function-limiting right shoulder pain despite comprehensive conservative treatment. Subjective and clinical exam findings are consistent with imaging evidence for rotator cuff tear and impingement syndrome. Therefore, this request is medically necessary.

**Pre-op Labs (CBC/CMP/Hg ba 1c: 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: Practice advisory for preanesthesia evaluation: an updated report by the American

Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines criteria have been met. The requested pre-operative lab testing appears reasonable in a 47-year-old diabetic patient undergoing general anesthesia. Therefore, this request is medically necessary.