

Case Number:	CM14-0010870		
Date Assigned:	02/21/2014	Date of Injury:	06/18/2013
Decision Date:	07/17/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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:

The patient is a 72 year old male who has submitted a claim for Full Thickness Tear of the Right Shoulder Rotator Cuff Tendons associated with an industrial injury date of June 18, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of intermittent right shoulder pain, 5-8/10, with popping and clicking sensation. He also reported episodes of numbness and tingling in the right upper extremity. Pain was increased with reaching, moving his arm backwards, and lifting his upper extremity above shoulder level. The patient also reported difficulties with self-care and personal hygiene as well as with physical activities. He also has sleep difficulties due to pain at night. On physical examination, there was tenderness over the proximal biceps tendon but no swelling was noted. Right shoulder forward flexion, abduction, and internal and external rotation were limited. Yergason's and Speed's tests were positive on the right but impingement, drop arm, apprehension, Neer's, and Hawkin's tests were negative. There was weakness of the right deltoid, supraspinatus, and infraspinatus muscles. Past medical history was unremarkable. An MRI of the right shoulder dated July 30, 2013 revealed a complete tear of the supraspinatus and infraspinatus tendon with greater than 4 cm tendinous retraction, articulation of the humeral head on the undersurface of the acromion, acromioclavicular osteoarthritis, and joint effusion. A right shoulder X-ray dated December 6, 2013 revealed a full thickness tear of the supraspinatus and infraspinatus tendon, mild superior migration of the humeral head, and mild osteoarthritic changes to the glenohumeral joint. Treatment to date has included medications, physical therapy, and corticosteroid injections. Utilization review from December 27, 2013 denied the request for internal medicine clearance, assistant surgeon, and right shoulder arthroscopy, rotator cuff repair, debridement, and biceps tenotomy because there was no documentation of previous physical therapy or injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://guidelines.gov/content.aspx?id=34053>.

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, General.

Decision rationale: The ODG states that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, the medical records showed that the patient has an unremarkable past medical history. However, given the patient's advanced age and the requirement for general anesthetic during the proposed procedure, a complete physical examination including basic laboratory studies (CBC, BMP, PT/PTT and EKG) are recognized as rational, appropriate, and medically necessary to identify otherwise occult co-morbid conditions prior to surgery as well as to inform perioperative management (i.e. adjustment of medication regimen, type of anesthesia etc.) Therefore, the request is recognized as 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 <http://www.bcbsnc.com>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: The American Association of Orthopedic Surgeons states that the first assistant to the surgeon aids in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. Criteria for evaluating the procedure include: (1) anticipated blood loss; (2) anticipated anesthesia time; (3) anticipated incidence of intraoperative complications; (4) procedures requiring considerable judgmental or technical skills; (5) anticipated fatigue factors affecting the surgeon and other members of the operating team; and (5) procedures requiring more than one operating team. In this case, the request for an assistant surgeon was made because the patient may require open rotator cuff repair versus arthroscopy, as this procedure is of a higher complexity requiring two sets of hands in order to carry out the procedure to its finality safely and diligently. However, the dependent request is a shoulder arthroscopy procedure and there are no indications at this time that the patient may require a possible open rotator cuff repair. Therefore, the request is not medically necessary.

RIGHT SHOULDER ARTHROSCOPY, ROTATOR CUFF REPAIR, DEBRIDEMENT, AND BICEPS TENOTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation ODG Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: According to pages 210-211 of the ACOEM Guidelines, rotator cuff repair is supported for significant tears that impair activities by causing weakness of arm elevation or rotation. Surgery for impingement syndrome is not indicated for patients with mild symptoms or those who have no activity limitations. In addition, conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. In this case, the request for surgery was made because the patient was reported to have failed maximum conservative care including physiotherapy, medications, and corticosteroid injections. Furthermore, the medical records showed evidence of weakness of arm elevation and rotation as well as injury-related activity limitations. The indication for right shoulder surgery has been established. Therefore, the request is medically necessary.