

<b>Case Number:</b>	CM14-0151856		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Orthopaedic Surgery and is licensed to practice in Texas. 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 injured worker is a 58 year-old male who sustained an industrial injury on 1/31/14. Injury occurred while pulling a 40-pound object out of his truck bed. The object became stuck and he tried to jerk it free when he heard and felt a left shoulder pop, followed by sharp pain. The 3/14/14 left shoulder magnetic resonance imaging (MRI) impression documented severe glenohumeral osteoarthritic degenerative joint disease. The labrum appeared to be torn along the posterior rim and demonstrated high signal density along the superior margin consistent with a tear. The supraspinatus tendon demonstrated thickening with possible small undersurface tear. There was no full thickness rotator cuff tear. The acromioclavicular joint demonstrated moderate hypertrophic degenerative changes. The 8/27/14 treating physician report cited moderate to severe pain in the superior and lateral left shoulder with occasional popping and clicking. There was slight numbness in the lateral aspect of the shoulder. Pain was worst with lifting his arm up to the side. Left shoulder exam documented tenderness over the glenohumeral joint and subacromial space. Active range of motion testing documented flexion 95, abduction 80, external rotation 75, and internal rotation 60 degrees. Neer's, Hawkin's, and O'Brien's tests were positive. The diagnosis was left shoulder arthritis with superior labrum anterior and posterior (SLAP) tear, possible posterior labral tear, and possible partial rotator cuff tear. The injured worker had failed all forms of conservative treatment, including anti-inflammatories, physical therapy, activity modification, and corticosteroid injections. Surgery was requested. The 9/12/14 utilization review partially certified the request for right shoulder arthroscopy, debridement of the labrum, superior labrum anterior and posterior (SLAP) repair and subacromial decompression, but denied the associated request for debridement of the rotator cuff. The surgical denial was based on a lack of imaging evidence of a surgical lesion type rotator cuff tear and impingement. The request for an assistant surgeon was denied as there was no unusual positioning or retraction or

instrument handling requiring an assistant. The pre-operative electrocardiogram (EKG) and lab tests were denied as no comorbidities were documented. The request for an Ultra sling was modified and approved as an off the shelf sling as rotator cuff repair was not required. Physical therapy was denied as the frequency/duration was not specified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Debridement of rotator cuff:** Overturned

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

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

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that surgical consideration may be indicated for injured workers 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. There is plausible clinical exam and imaging evidence of a partial rotator cuff tear which can be confirmed at the time of the previously approved arthroscopic surgery. Therefore, this request is medically necessary. There is plausible clinical exam and imaging evidence of a partial rotator cuff tear.

**Assist 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 Centers for Medicare and Medicaid services, Physician Fee Schedule

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Codes 29287, 29822, and 29826, there is a "2" in the assistant surgeon column for each separate code. Therefore, based on the stated guideline and the complexity of the procedure, this request is

medically necessary. There is guideline support for the medical necessity of an assistant surgeon for the approved surgical procedures.

**Pre-operative EKG: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3): page(s) 522-38

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an electrocardiogram (EKG) may be indicated for injured workers with known cardiovascular risk factors or for injured workers with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. This injured worker has significant cardiovascular comorbidities to support the medical necessity of a pre-procedure electrocardiogram (EKG). Therefore, this request is medically necessary. There are significant cardiovascular comorbidities documented in the records.

**Pre-operative labs: CBC, BMP: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3): page(s) 522-38

**Decision rationale:** The California Medical Treatment Utilization Schedule (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, injured worker interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met. The use of the requested pre-operative lab testing is consistent with guidelines given the significant co-morbidities documented for this injured worker. Therefore, this request is medically necessary. There are significant cardiovascular comorbidities documented in the records.

**Ultrasling: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The Official Disability Guidelines state that post-operative abduction pillow slings, like the Ultra Sling, are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. The injured worker is not undergoing an open massive rotator cuff repair. Guidelines generally support a standard sling for post-operative use. The 9/12/14 utilization review modified this request and approved a standard sling. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Therefore, this request is not medically necessary.

**Cold Therapy Unit Rental (x7-14 Days): 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) Shoulder, Continuous flow cryotherapy

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. Under consideration is a request for up to 14-day rental of a cold therapy unit. Although the use of cold therapy during the post-operative period would be reasonable for this injured worker, there is no compelling reason to support the medical necessity of this request beyond the 7 day guideline recommendation. Therefore, this request for cold therapy unit is not medically necessary.

**Physical Therapy (Unspecified quantity): 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 Page(s): 27.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the

general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical physical medicine period. Post-operative physical therapy for this injured worker would be reasonable within the Medical Treatment Utilization Schedule (MTUS) recommendations. However, this request is for an unknown amount of post-op physical therapy treatment which is not consistent with guidelines. Therefore, this request is not medically necessary.