

Case Number:	CM14-0158647		
Date Assigned:	10/02/2014	Date of Injury:	02/24/2009
Decision Date:	10/30/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 64-year-old male sustained an industrial injury on 2/24/08, relative to cumulative trauma. Past surgical history was positive for right shoulder distal clavicle resection for acromioclavicular separation in 2007, and right total knee replacement on 5/5/10. The 5/24/12 orthopedic report indicated the patient had anterior right shoulder pain for the past year, including night pain. He had tried anti-inflammatory medication which helps a little bit. He has had no therapy. He had a cortisone shot once which did not help at all. Physical exam documented full range of motion with mild Neer, negative Hawkin's, and positive Jobe's. There was no pain at the acromioclavicular (AC) joint, negative cross-adduction, and painful O'Brien's on both pronation and supination. X-rays showed some mild AC joint separation. The treatment plan recommended physical therapy and an MR arthrogram. The 6/18/12 right shoulder MRI impression documented a high-grade partial thickness articular sided supraspinatus tendon tear with a very small superimposed full thickness tear. There was infraspinatus and subscapularis tendinosis with associated distal interstitial tears. A SLAP tear appeared to extend to the biceps anchor. There was a posterior labral tear with degeneration and a probable tear of the inferior labrum. The 6/26/12 orthopedic note recommended surgery. The patient did not proceed with surgery because of a medical condition. The 8/29/14 orthopedic surgery note indicated the patient returned complaining of a lot of right shoulder pain. He had a known right shoulder high-grade partial cuff tear with small component full thickness rotator cuff tear with SLAP lesion going into the biceps anchor with posterior inferior labral tearing. Surgery had previously been planned but he couldn't do it. He was now medically ready to have surgery. His motion was excellent with good strength and negative Jobe's, Hawkin's, and Neer tests. Physical exam findings suggested if he had a cuff tear it would be small. Surgery was requested to include right shoulder arthroscopy, decompression, rotator cuff repair, SLAP repair, possible biceps tenodesis,

and posterior inferior labral repair with graft and platelet-rich plasma injection. The 9/12/14 utilization review denied the right shoulder surgery and associated requests as there was no evidence of recent guideline-recommended conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th Edition (web) 2014 Low Back Preoperative Lab Testing

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):522-38

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

1 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 11th Edition (web) 2014 Low Back Surgical Assistant

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: As the surgical request is not supported, this request is not medically necessary.

1 Right Shoulder Scope with Superior Labrum Antero-- Posterior Repair, Possible Rotator Cuff Repair, Decompression and Possible Biceps Tendonitis: 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): 209-211. Decision based on Non-MTUS Citation Shoulder, Surgery for SLAP lesions, Surgery for rotator cuff repair, Surgery for impingement syndrome, Biceps tenodesis

Decision rationale: The California MTUS guidelines provide a general recommendation for partial thickness rotator cuff tears presenting as impingement surgery. Conservative care,

including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines (ODG) provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guideline criteria have not been met. There is no current evidence of painful arc of motion, weak or absent abduction, tenderness or pain over the rotator cuff or anterior acromion area, or positive impingement signs. There is no documentation of a positive impingement injection test. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

16 Postoperative Physical Therapy Sessions: 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: As the surgical request is not supported, this request is not medically necessary.