

Case Number:	CM14-0185725		
Date Assigned:	11/13/2014	Date of Injury:	03/21/2013
Decision Date:	12/30/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 21, 2013. In a Utilization Review Report dated October 20, 2014, the claims administrator denied a shoulder manipulation under anesthesia procedure and associated capsular release with derivative request to include an assistant surgeon, postoperative physical therapy, medical clearance, cold therapy unit purchase, shoulder sling purchase, and pain pump purchase. The claims administrator alluded to the fact that the applicant did carry diagnosis of adhesive capsulitis and small rotator cuff tear. The claims administrator also referenced a May 22, 2014 progress note in which the applicant was described as having significantly limited right shoulder flexion to 80 degrees versus 180 degrees of about the left. The claims administrator seemingly based its denial on the fact that the attending provider did not document whether or not the applicant's loss of motion was active, passive, and/or both and also suggested that the request might be a duplicative request as a previous manipulation under anesthesia procedure had apparently been authorized. The applicant's attorney subsequently appealed. In an August 27, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. The applicant was doing poorly, with no shoulder motion appreciated. Authorization was sought for a diagnostic and operative arthroscopy to include capsular release and manipulation under anesthesia, noting that the applicant had failed time, medications, injection therapy, and observation. The applicant was described as remaining disabled as of this point in time. Various postoperative requests, including physical therapy, cold therapy unit, sling, and postoperative pain pump, were all endorsed. In an earlier progress note dated July 3, 2014, the applicant was again asked to remain off of work, on total temporary disability, owing to ongoing complaints of 4/10 shoulder pain with associated weakness and stiffness. The attending provider stated that x-rays demonstrated findings suggestive of

impingement syndrome. A manipulation under anesthesia procedure was endorsed while the applicant was kept off of work, on total temporary disability. A May 22, 2014 progress note was notable for comments that the applicant reported persistent complaints of 5/10 shoulder pain with associated stiffness and weakness about the injured shoulder with flexion limited to 80 degrees about the same. Oral Motrin and ketorolac were furnished while the applicant was again kept off of work. The applicant had previously undergone earlier diagnostic arthroscopy, acromioplasty, Mumford procedure, lysis of adhesions, capsular release, and manipulation under anesthesia, and partial synovectomy on November 15, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DX Opa right shoulder with anterior capsule release with manipulation under anesthesia:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, surgery for adhesive capsulitis and manipulation under anesthesia sections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6,214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, capsular shift surgery is "recommended" for disabling instability. ACOEM also goes on to note that rotator cuff repair surgery is likewise "recommended" after a firm diagnosis is made and rehabilitation efforts have failed. Here, the applicant has in fact tried, failed, and exhausted various operative and nonoperative treatments, including time, medications, physical therapy, earlier shoulder surgery, injection therapy, etc. Significant shoulder impairment persists. The applicant remains off of work, on total temporary disability. Moving forward with a surgical remedy such as is being proposed here is indicated. The MTUS does not specifically address the topic of manipulation under anesthesia procedure. However, the Third Edition ACOEM Guidelines do note that manipulation under anesthesia is "recommended" for further treatment of adhesive capsulitis in select applicants. Here, the applicant in fact has tried and failed time, medications, physical therapy, and corticosteroid injection therapy. Significant shoulder impairment and significantly diminished shoulder range of motion persist. Moving forward with a manipulation under anesthesia procedure is therefore indicated. Therefore, the request is medically necessary.

Associated surgical service: Assistant surgeon/PA: 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: Physicians as Assistants at Surgery: 2013 Study Participating Organizations:

American College of Surgeons 29806 Almost Always Arthroscopy, shoulder, surgical; capsulorrhaphy

Decision rationale: The MTUS does not address the topic. However, the American College of Surgeons notes that the surgical procedure arthroscopy-shoulder-surgical-capsulorrhaphy-CPT code 29806 "almost always" requires an assistant surgeon. The request for an assistant surgeon, thus, is in-line with the nature of the procedure being performed here and with ACS recommendations. Therefore, the request is medically necessary.

Associated surgical service: Postop physical therapy; twelve (12) sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the MTUS Surgical Treatment Guidelines, a general course of 24 sessions of physical therapy is recommended following planned surgery for adhesive capsulitis and/or rotator cuff syndrome/impingement syndrome, both of which are seemingly present here. This recommendation, however, is qualified by the position set forth in MTUS 9792.24.3.a.2 to the effect that an initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in question. One half of 24 visits, thus, is 12 visits. The request, thus, is in-line with MTUS principles and parameters. Therefore, the request is medically necessary.

Associated surgical service: Medical clearance: physical exam including CBC, CMP, PT/PTT, UA, EKG, CXR: 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 Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/285191-overview#showall> Preoperative Testing -Author: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD Summary Routine preoperative testing (preoperative screening) of healthy people undergoing elective surgery is not recommended. Instead, a selective strategy, as outlined above, is safe and cost-effective as long as a complete history a

Decision rationale: The MTUS does not address the topic. However, Medscape notes that routine preoperative testing of health applicants undergoing elective surgery is not recommended. Medscape, for instance, only endorses routine postoperative chest x-ray testing of asymptomatic applicants greater than age 60 years of age. Here, however, the applicant is 55 years of age. Medscape goes on to note that a hemoglobin level, as would be assessed via the proposed CBC, is recommended only in applicants with major surgery with significant blood loss or in applicants age 65 years of age or greater. Here, the applicant is less than 65 (age 59).

The applicant is undergoing arthroscopic shoulder surgery. Major or significant blood loss is not expected here. Medscape notes that EKG testing is recommended only in applicants undergoing high-risk surgeries such as vascular surgery or intermediate risk surgery with at least one risk factor. Here, the attending provider did not outline any cardiac risk factors which would compel the EKG component of the request. There was no mention, for instance, of the applicant's carrying a diagnosis of coronary artery disease (CAD). Medscape goes on to note that urinalysis should not be routinely done on asymptomatic applicants undergoing surgery. Here, the applicant is, in fact, asymptomatic. There was/is no mention of the applicant's having issues with polyuria, dysuria, hematuria, etc., which might call into question suspected urinary tract infection. Finally, Medscape notes that PT and PTT testing are not recommended for routine preoperative testing purposes/screening purposes. Here, there was/is no mention of the applicant's having any issues with blood dyscrasias, and/or having a history of abnormal bleeding or bruising which would compel the PT and PTT components of the request. Thus, many components of the request cannot be supported here, including the CBC, the PT, the PTT, the UA, the chest x-ray, and the EKG. Since multiple components of the request cannot be supported, the request for a medical clearance to include laboratory testing is not medically necessary.

Associated surgical service: Shoulder sling; purchase: 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): 9-3, 204. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Shoulder Chapter, Table 2, Postoperative Pain section.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, page 204, slings are "options" for comfort and/or acute pain purposes. Here, the applicant is undergoing shoulder surgery, approved above. Brief, postoperative usage of a shoulder sling can be employed, with the ultimate goal of advancing the applicant's activity level, as suggested in the Third Edition ACOEM Guidelines Shoulder Chapter in Table 2 on postoperative pain. Therefore, the request is medically necessary.

Associated cervical service: Pain pump, purchase: 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 ODG Shoulder Chapter, Postoperative Pain Pump topic.

Decision rationale: The MTUS does not address the topic. However, ODG's Shoulder Chapter does note that postoperative pain pumps are "not recommended" following planned shoulder surgery, as was approved above. The attending provider did not furnish any compelling

applicant-specific rationale or medical evidence which would offset the unfavorable ODG position on the article at issue. Therefore, the request is not medically necessary.