

<b>Case Number:</b>	CM14-0185882		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 30 year old male injured on 6/18/2014 when he lifted a heavy bag of coffee grounds and threw it into a dumpster. He experienced right shoulder pain that failed to respond to conservative treatment for 5 months including medication, physical therapy and corticosteroid injections. He was also found to have a snapping scapula. Shoulder X-rays revealed an old fracture of the lateral clavicle. MRI revealed slight tendinosis of the supraspinatus tendon but no partial thickness or full thickness tear was noted. The remaining MRI was normal with a type1 acromion, no evidence of bursitis, joint effusion, or a SLAP tear. The acromioclavicular joint was also normal. The supraspinatus outlet was normal with no evidence of impingement. The worker continues to be symptomatic with pain. Initial exams revealed negative Neer and Hawkins-Kennedy testing for impingement but subsequent exams have revealed positive impingement tests. The Neer diagnostic injection of local anesthetic into the subacromial space to confirm impingement has not been documented. There was partial response to corticosteroid injections into the subacromial space. There is full range of motion in the shoulder but pain and activity limitation continues. The worker meets the criteria for a diagnostic arthroscopy including persisting pain and functional limitations despite 5 months of conservative care and inconclusive MRI findings. UR non-certified the request for surgery due to lack of evidence of 3-6 months of conservative care and negative imaging studies. However, since that time additional documents have been submitted indicating 5 months of conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Right shoulder arthroscopic SAD with debridement and possible SLAP repair: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Indications for surgery-- Acromioplasty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Diagnostic Arthroscopy, Surgery for SLAP lesions.

**Decision rationale:** The injured worker is a 30 year old male with a throwing injury to his right shoulder that has failed to respond to conservative treatment for 5 months. The MRI scan showed mild supraspinatus tendinosis but no tear. The labrum was intact. Additional records since the UR non-certification document 5 months of conservative treatment including medication, physical therapy and injections. The injections helped briefly. There is clinical evidence of impingement with positive Neer and Hawkins signs. Despite the negative MRI scan a SLAP tear is suspected. The symptoms are relatively severe and activity limitations are significant. The worker has failed conservative treatment and meets the criteria for diagnostic arthroscopy based upon ODG guidelines which include 3-6 months of conservative care with persisting pain and functional limitations and inconclusive imaging studies. In the presence of supraspinatus tendinosis and clinical evidence of impingement, a subacromial decompression may also be necessary. ODG guidelines indicate that the definitive diagnosis of a SLAP lesion is made at the time of arthroscopy. If a SLAP lesion is found at the time of surgery debridement or repair will be necessary per guidelines. In light of the above, the surgery as requested is deemed appropriate and medically necessary per guidelines. The UR denial was based on the absence of documentation pertaining to 3-6 months of conservative care with medications, physical therapy, and injections. This has now been provided.

**Associated Surgical Service: Assistant Surgeon: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery

**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: American Academy of Orthopedic Surgeons

**Decision rationale:** California MTUS and ODG do not comment on this issue. According to AAOS a first assistant should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The assistant provides exposure, positioning, hemostasis, and generally assists the surgeon to ensure an optimal result. Therefore the request for an assistant surgeon is appropriate and medically necessary.

**Associated Surgical Service: Shoulder sling w/abd. pillow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ticker, 2008

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Post-operative Abduction pillow sling

**Decision rationale:** California MTUS does not address this issue. ODG guidelines recommend post-operative use of an abduction pillow sling as an option for massive rotator cuff tears to take the tension off of the repair. It is not necessary for a shoulder decompression or SLAP repair. Therefore the request for an abduction pillow sling is not medically necessary.

**Associated Surgical Service: Ice Machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Hubbard, 2004), ( Osbahr, 2002), (Singh, 2001), See the Knee chapter for more information and references

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) section: Shoulder, Topic: Continuous flow cryotherapy.

**Decision rationale:** California MTUS does not address this issue. ODG guidelines recommend the use of continuous flow cryotherapy for one week after shoulder surgery. Rental for 7 days is appropriate and medically necessary. It reduces swelling, inflammation, and pain and cuts down the need for narcotics post-operatively. However, the request as stated does not mention rental or purchase and also does not mention the length of rental. The request as such is not medically necessary.