MAXIMUS Federal Services

Case Number:	CM14-0035499		
Date Assigned:	07/23/2014	Date of Injury:	08/23/2013
Decision Date:	09/08/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/23/2014

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 Pennsylvania. 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 claimant is a 57 year old male who sustained an injury while pulling himself onto a truck on 08/23/13. The medical records provided for review document diagnoses of right shoulder impingement syndrome, bicipital tendonitis, and shoulder degenerative joint disease. The office note dated 07/02/14 noted right shoulder pain. Examination revealed tenderness of the right shoulder and biceps tendon with crepitus, painful active range of motion and restricted passive range of motion. He had 4/5 strength in the right shoulder for flexion, abduction and rotation. He had a positive empty can and Hawkin's test, Yergason's and O'Brien's test was noted to be guarded. The claimant complained of pain in the acromioclavicular joint and bicipital groove. The X-ray report dated 10/10/13 showed no evidence of fracture, dislocation or other osseous pathology. The film identified a small osteophyte in the acromioclavicular joint. The MRI of the right shoulder performed on 10/23/13 was documented to show mild to moderate tendinitis/tendinosis, most pronounced in the anterior-most fibrous of the infraspinatus and posterior fibers of the supraspinatus but no full thickness tears or retraction appreciated in the rotator cuff tendons. It was noted that the findings were suggestive of a tear of the biceps tendon from its anchor, from the superior glenoid and associated fraying and tears within the posterior superior labrum were noted. Conservative treatment to date includes rest, anti-inflammatories, subacromial steroid injections, physical therapy, and home exercises. The current request is for right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 214 211. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for surgery for Impingement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: California MTUS ACOEM Guidelines support right shoulder arthroscopy. The ACOEM Guidelines recommend surgery when there have been activity limitations for greater than four months and the presence of clear clinical and imaging evidence of a lesion that has been shown to benefit by surgical intervention. The claimant continues to have functional deficits, nearly a year out from his injury, with abnormal physical exam objective findings and pathology on the MRI available for review which may be amendable to surgical repair. The claimant has failed a reasonable course of continuous conservative treatment and subsequently, based on the documentation presented for review and in accordance with the California MTUS ACOEM Guidelines the request for right shoulder arthroscopy is medically reasonable in this setting.

Arch decompression DCE (distal clavicle excision) and debridement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter - Mumford Procedure, Partial claviculectomy (Mumford procedure) Indications for Surgery -- Partial claviculectomy.

Decision rationale: The documentation presented for review suggests the claimant meets California MTUS ACOEM Guidelines for surgical intervention in the form of arthroscopy, and based upon the abnormal physical exam objective findings, diagnostic studies and the fact that the claimant has failed a reasonable course of conservative treatment, it would also be reasonable to proceed with an arch decompression distal clavicle excision debridement. The request for right shoulder arthroscopy to include arch decompression with distal clavicle excision and debridement is also recommended as medically necessary.

Bicep Labral Repair: 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 Official Disability Guidelines (ODG); Shoulder chapter: SLAP lesion diagnosis.

Decision rationale: In regards to the third surgical request for the biceps labral repair, based on the documentation presented for review and in accordance with California MTUS ACOEM guidelines, as well as Official Disability Guidelines, the claimant has pathology based on physical exam and diagnostic studies that could be amenable to surgical repair via arthroscopy. Since this has been approved as medically reasonable, and subsequently it would also be reasonable to proceed with a bicep labral repair intra-operatively due to the fact that the claimant has failed an exhaustive course of treatment and bicep labral repair is also recommended as medically necessary.

Cryotherapy: 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 Official Disability Guidelines (ODG); Shoulder chapter - Continuous-flow cryotherapy.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for cryotherapy is also recommended. The proposed surgery is deemed medically reasonable. The Official Disability Guidelines support the use of continuous flow cryotherapy for up to seven days in the post operative setting, and subsequently this would be considered medically reasonable at this time.

Assistant 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 Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines; 18th Edition: Assistant Surgeon Yes or No.

Decision rationale: In regards to the fifth request for an assistant surgeon, Milliman Care Guidelines have been referenced in the low back chapter in regards to the surgical assistants. However, due to the complexity of shoulder arthroscopy,and the requested surgical interventions, it would be reasonable to have the surgical assistance from an assistant surgeon for the proposed surgery.

Ultra Arm Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Post Operative abduction pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter - Postoperative abduction pillow sling.

Decision rationale: The California MTUS and ACOEM Guidleines do not address this particular type of sling. The Official Disability Guidelines support an abduction pillow sling in this setting of open or large massive rotator cuff tears. Based on the documentation presented for review, it does not appear that there is a need for rotator cuff repair, based on physical exam and diagnostic studies and subsequently a traditional sling would be more appropriate in this setting and the request for the Ultra arm sling cannot be considered medically necessary.