

Case Number:	CM14-0037957		
Date Assigned:	06/25/2014	Date of Injury:	02/10/1960
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 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:

The injured worker is a 54 year old male. He is right hand dominant. He injured his left shoulder on 7/12/13. He complains of left shoulder pain which was aggravated by overhead arm movements, night pain, and weakness. There is documented limited range of motion and global weakness (grade 4/5). There are no documented provocative tests producing acromioclavicular joint pain. He was noted to have a positive Neer and Hawkins' for impingement. Mild hypertrophic changes and synovitis of the acromioclavicular joint were noted on magnetic resonance imaging dated 10/4/13 and also mild tendonosis of distal anterior supraspinatus was noted. There was no documented rotator cuff tear. There was a type II acromion noted. Treatment has consisted of rest, ice, non steroidal anti-inflammatory drugs, home exercise program, and a steroid injection which was noted to be helpful for 3-4 weeks. It is unclear of the site of injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder diagnostic operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated possible distal clavical resection to be at [REDACTED] between 3/28/2014 and 6/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines

Indications for Impingement Syndrome surgery:Criteria for anterior acromioplasty with diagnosis of acromioclavicular impingement syndrome.

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

Decision rationale: Per American College of Occupational and Environmental Medicine (2004), Chapter 9 Shoulder Complaints, surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. According to Official Disability Guidelines indications for impingement syndrome surgery, the criteria for anterior acromioplasty with a diagnosis of acromioclavicular impingement syndrome (80% of these patients will get better without surgery) are not met. There was no real documentation of a directed exercise program. Symptoms of a painful arc were not documented. There was no indication of location of injection, atrophy, or abduction test several months prior. There were no plain radiographs submitted as well. The requested left shoulder diagnostic operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated possible distal clavicle resection to be at [REDACTED] between 3/28/2014 and 6/16/2014 was not medically necessary. The injured worker has chronic shoulder pain consistent with an inflammatory process. The magnetic resonance imaging reflects there is no rotator cuff tear or decreased space/arthritis changes in acromioclavicular joint. There have been some conservative measures documented. However, there has not been a formal course of physical therapy. In addition, there has not been documented compliance with a home exercise program, nor description of home exercise program that would be directed towards impingement syndrome. There is no adequate documentation of injection into subacromial space-impingement test. There are no plain radiographs supporting the diagnosis of decreased distance in the acromioclavicular joint and/or osteophytes to indicate a degenerative process necessitating distal clavicle resection. The clinical exam does not document additional key findings such as painful arc. Thus there is no strong clinical and radiographic evidence to support the need for arthroscopic shoulder surgery. The injured worker has an inflammatory condition and does not meet accepted criteria for surgery.

12 post operative physical therapy sessions ([REDACTED]) between 3/18/2014 and 6/16/2014: 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: According to Postsurgical Treatment Guidelines for rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12), postsurgical treatment, arthroscopic, 24 visits over 14 weeks are allowed. The recommended postsurgical physical medicine treatment period is for 6 months. After a professional and thorough review of the documents, the requested

12 post operative physical therapy sessions ([REDACTED]) between 3/18/2014 and 6/16/2014 was not medically necessary. As the patient does not meet the criteria for surgery, there is no indication for the need of post operative physical therapy.

1 assistant surgeon between 3/18/2014 and 6/16/2014: 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 Centers for Medicare and Medicaid services, Physician Fee Schedule Search, CPT Code 27447 American Academy of Orthopedic Surgeons Guidelines (www.aaos.org).

Decision rationale: The requested 1 assistant surgeon between 3/18/2014 and 6/16/2014 was not medically necessary. Although the Centers for Medicare & Medicaid Services guidelines permit assistant surgeons, the Centers for Medicare & Medicaid Services have 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 CPT code 29805, a number 1 was listed; therefore, an assistant surgeon is recommended. The American Academy of Orthopedic Surgeons guidelines do not recommend an assistant surgeon for a routine arthroscopic shoulder surgery. There is no indication this patient had unusual anatomy or body habitus requiring an assistant surgeon as this is a routine case which could be handled by a first assistant.

1 medical clearance, CBC, CMP, PT/PTT, HEP Panel < HIV Panel, U/A, EKG, Chest X-Ray, DVT Prophylaxis between 3/18/2014 and 6/16/2014: 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 Preoperative testing before noncardiac surgery: guidelines and recommendations. Feely MA, et al. Am Fam Physician. 2013 Mar 15;87(6):414-8. Relevance of Routine Testing in Low-risk Patients Undergoing Minor and Medium Surgical Procedures. Soares Dde et al. Rev Bras Anesthesiol. 2013 Mar-Apr;63(2):197-201.

Decision rationale: The requested 1 medical clearance, complete blood count, comprehensive metabolic panel, prothrombin/partial thromboplastin time, hepatitis panel < human immunodeficiency virus panel, urinalysis, electrocardiogram, chest x-ray, and deep venous thrombosis prophylaxis between 3/18/2014 and 6/16/2014 was not medically necessary. The routine tests required by hospitals would include an electrocardiogram for a 54 year old male. Without significant medical history, additional tests are unnecessary. Hospital policy may require complete blood count and comprehensive metabolic panel in a 54 year old injured

worker, but as this injured worker is a routine outpatient arthroscopic shoulder surgery, there is no proven benefit in this relatively healthy person.