

Case Number:	CM14-0039690		
Date Assigned:	06/27/2014	Date of Injury:	10/19/2009
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 Surgeon and Hand Surgeon, 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 45-year-old female who reported an injury on 10/19/2009. The mechanism of injury was the injured worker was lifting a heavy battery. The prior treatments included physical therapy, rest, and an injection. The injured worker underwent x-rays of the left shoulder on 02/25/2013 which revealed no fracture or subluxation. The injured worker underwent an arthrogram of the left shoulder on 05/15/2013 which revealed the supraspinatus and infraspinatus tendons were intact. The glenohumeral joint was normal. The glenoid labrum was intact. Contrast was seen in the occipital tendon sheath. There was no indication of a rotator cuff tear. There was extravasation of noncontrast at the subcoracoid level leaving the main capsule into the subcoracoid space. The examination that was submitted for review was of poor fax quality and difficult to read. The injured worker had strength that was within normal limits. The injured worker had a positive Hawkins, Neer's sign, O'Brien's test and Speed's test. The physician opined the MRI film was suggestive of a tear in the anterior capsule of the labrum and subscapularis. The diagnosis was complete rupture of the rotator cuff. It was indicated the subsequent documentation indicated the injured worker had failed conservative treatment for 9.5 years. The reason for the previous denial was not specifically stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Orthopedics Surgeons Position Statement Reimbursements of the First Assistant at Surgery in Orthopedics.

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 2011 Study.

Decision rationale: Per the Physician as Assistants at Surgery 2011, a surgical assistant is almost always necessary for this type of surgical procedure. As such, the request for an assistant surgeon would be medically necessary.

Left shoulder open subscapularis repair eval of biceps possible: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The ACOEM Guidelines indicate the referral for surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength of musculature around the shoulder even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and longterm from surgical repair. Ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. There was documentation of physical therapy and an injection. The injured worker had a positive Hawkins, Neer's sign, O'Brien's test and Speed's test. There was extravasation of noncontrast at the subcoracoid level leaving the main capsule into the subcoracoid space. The examination that was submitted for review was of poor fax quality and difficult to read. The physician opined the MRI film was suggestive of a tear in the anterior capsule of the labrum and subscapularis. This type of injury would not improve with conservative care and the eval of the biceps possible would be an intraoperative decision. Given the above, the request for left shoulder open subscapularis repair eval of biceps possible is medically necessary.

Tenotomy: 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): 209-211.

Decision rationale: The ACOEM Guidelines indicate the referral for surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more

than 4 months, failure to increase range of motion and strength of musculature around the shoulder even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. There was documentation of physical therapy and an injection. The injured worker had a positive Hawkins, Neer's sign, O'Brien's test and Speed's test. There was extravasation of noncontrast at the subcoracoid level leaving the main capsule into the subcoracoid space. The examination that was submitted for review was of poor fax quality and difficult to read. The physician opined the MRI film was suggestive of a tear in the anterior capsule of the labrum and subscapularis. This type of injury would not improve with conservative care. The decision regarding the tenotomy would be intraoperative and as such would be supported. Given the above, the request for tenotomy possible is medically necessary.