MAXIMUS Federal Services

Case Number:	CM14-0055577		
Date Assigned:	08/08/2014	Date of Injury:	02/19/2013
Decision Date:	10/02/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 claimant is a 56-year-old gentleman who injured his right shoulder in a work related accident on 02/19/13. The clinical records provided for review included the 02/19/14 progress report that documented complaints of continued right shoulder pain. The report documented that a corticosteroid injection at the elbow and the shoulder did not provide any significant benefit. It also noted that based on failed conservative care, a right shoulder arthroscopy with rotator cuff assessment had been recommended, but during preoperative medical clearance assessment, a cardiac abnormality was noted. The claimant was undergoing cardiac stress testing and awaiting "cardiac clearance" prior to proceeding with surgery. The medical records did not include any formal imagining reports but the records documented that the claimant had an intrasubstance tear of the supraspinatus. Physical examination on 02/19/14 identified positive tenderness to palpation, restricted forward flexion, 5/5 motor strength and positive impingement testing. The plan at that time was for surgical intervention of right shoulder arthroscopy, subacromial decompression and rotator cuff assessment. While awaiting medical and cardiac clearance, the claimant's shoulder was again injected with corticosteroid on that date. The medical records document that the claimant ultimately underwent the surgery on 06/13/14 for arthroscopy, subacromial decompression and debridement. There was no documentation of intraoperative findings of full thickness rotator cuff tearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscope rotator cuff repair, debridement Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211 of224.

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

Decision rationale: The ACOEM Guidelines recommend that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. The medical records provided for review do not identify full thickness rotator cuff pathology. Review of the operative report for surgery that ultimately took place documented that the claimant's rotator cuff was not torn. Given the claimant's partial thickness rotator cuff pathology and no documentation of preoperative weakness, the request is not medically necessary.

Right shoulder arthroscopy decompression of subacromial space w/partial acromioplasty qty:1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211 of 224, 209-210 of 224.

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

Decision rationale: This individual has a Type III acromion and has failed a course of conservative care for six months including injections. Given the nature of his clinical findings, physical examination findings and documentation of imaging, the role of operative process to include a decompression of the subacromial space would be supported.

Pre Operative Appointment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 205-209 of 224.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: This individual was noted to have been undergoing care for the shoulder as well as cardiac clearance including stress testing before surgery. The request for a preoperative appointment based on the claimant's underlying comorbidities would be medically necessary.

Surgery assistant: 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 Milliman Care Guidelines, 18th edition: Assistant Surgeon; and the Assistant Surgeon Guidelines (Codes 29355 to 29901), CPT Description: 29827 N Arthroscopy, shoulder, surgical; with rotator cuff repair

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Milliman Care Guidelines do not recommend role of an assistant surgeon. The surgical process in this case was recommended arthroscopically so there would be no need for an arthroscopic assisted surgeon in the setting of the shoulder.

Initial Post Operative Physical therapy 2 times a week to the right shoulder QTY:12.00: 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: This individual had surgical arthroscopy and decompression, and the Postsurgical Guidelines support up to 24 sessions of physical therapy postoperatively. The request for 12 initial sessions would satisfy the Postsurgical Guideline criteria.

Pre Operative Lab work Qty:1.00: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The surgery performed required an anesthetic. The preoperative lab testing based on the need for anesthesia and the claimant's underlying comorbidities would be indicated as medically necessary.