

Case Number:	CM14-0060174		
Date Assigned:	07/09/2014	Date of Injury:	02/16/2013
Decision Date:	08/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/01/2014

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 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:

This 49-year-old female truck driver sustained an industrial injury on 2/16/13. Injury occurred when she slipped and fell on icy pavement. She underwent knee surgery on 8/13/13. The 12/12/13 right shoulder MRI impression documented joint effusion, anterior and posterior capsulitis and sprain, type II acromion, and increased signal traversing the anterior labrum consistent with a tear. There was increased signal in the supraspinatus consistent with a tear, and a full thickness tear was suspected. The 2/17/14 orthopedic report cited increased right shoulder pain with stiffness and instability. The right shoulder physical exam findings documented acromioclavicular joint tenderness, positive mid arc sign, positive drop test, biceps tendon tenderness, positive Neer and Hawkin's signs, positive acromioclavicular shear test, positive clunk test, and a positive O'Brien's test. The shoulder range of motion was flexion 90, extension 50, abduction 45, adduction 50, and internal/external rotation 40 degrees. There was 4/5 left shoulder muscle strength. The treatment plan requested open rotator cuff repair surgery with surgical assistant and 12 visits of post-op physical therapy. The 4/4/14 utilization review denied the request for right shoulder rotator cuff repair and associated services as guideline-recommended conservative treatment had not been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Open Cuff Repair with Debridement (to be performed at [REDACTED]): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for rotator cuff repair.

Decision rationale: The California MTUS guidelines do not address rotator cuff repair for chronic injuries. The Official Disability Guidelines for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. The Guidelines support surgical repair of SLAP lesions for patients failing conservative treatment. The Guideline criteria have been met. This patient presents with persistent right shoulder pain with dysfunctional and painful motion. Clinical exam findings document positive impingement and weakness consistent with imaging evidence of rotator cuff and labral tears. The patient has failed reasonable conservative treatment including medications and activity modification. Therefore, this request for right shoulder open cuff repair with debridement is medically necessary.

1 Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: CPT Procedure Code Index, shoulder rotator cuff repairCenters for Medicare and Medicaid Services(CMS), Physician Fee Schedule Search <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

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: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has 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 this requested surgery, CPT Code 29827, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request one assistant surgeon is medically necessary.

12 Post-Op Physical Therapy Sessions for the Right Shoulder: 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 Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The current request is consistent with guidelines for initial treatment. Therefore, this request for 12 post-op physical therapy sessions for the right shoulder is medically necessary.