MAXIMUS Federal Services

Case Number:	CM14-0066058		
Date Assigned:	07/11/2014	Date of Injury:	03/03/2014
Decision Date:	12/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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:

This 44-year-old male campus security officer sustained an industrial injury on 3/3/14. Injury to the right shoulder occurred while lifting a large bag of money. He was not expecting it to weight as much as it did, and when he grabbed it, he felt a sharp stabbing pain in the shoulder. Initial conservative treatment included 12 physical therapy visits, medications, and activity modification without improvement. The 3/29/14 right shoulder MRI impression documented partial intrasubstance tear involving the distal supraspinatus tendon at the footplate without tendon retraction or muscle atrophy. There was a SLAP (Superior Labrum Anterior Posterior) tear of the glenoid labrum associated with a 1 cm para labral cyst. There was acromioclavicular joint arthritis with encroachment upon the underlying supraspinatus muscle and tendon. The 4/14/14 initial orthopedic report cited right shoulder pain and weakness. Physical exam documented right shoulder range of motion as flexion to 175 degrees, external rotation to 45 degrees, and internal rotation to T12. O'Brien's and Hawkin's signs were positive. There was weakness with abduction testing. The diagnosis was right shoulder impingement syndrome and superior labral tear, type II. The treatment plan recommended right shoulder arthroscopy, superior labral repair, subacromial decompression, and possible rotator cuff repair. The 4/28/14 utilization review denied the right shoulder surgery and associated requests as there was insufficient information to determine if the SLAP lesion described in the MRI was type II or type IV for which guidelines would recommend arthroscopic repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy SLAP repair, right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (updated 03/31/2014) Surgery for Slap lesions

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, Surgery for SLAP repair

Decision rationale: The California MTUS ACOEM guidelines do not specifically address SLAP repair. The Official Disability Guidelines recommend surgery for Type II or IV SLAP lesions after 3 months of conservative treatment, when history and physical exam and imaging indicate pathology. Guideline criteria have been essentially met. This patient presents with imaging evidence of a Type II SLAP lesion and impingement, consistent with physical exam. Surgical treatment is indicated given that this active patient has a well-defined lesion that has been resistant to reasonable and comprehensive treatments. Therefore, this request is medically necessary.

Pre-operative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=38289-Pre-operative evaluation

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle-aged males have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.

Post-operative Physical Therapy, unspecified frequency/duration/quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder ; physical therapy

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff syndrome/impingement syndrome 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. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for an unknown amount of treatment which is not consistent with guidelines. Therefore, this request is not medically necessary.