

Case Number:	CM14-0078463		
Date Assigned:	07/18/2014	Date of Injury:	12/27/2012
Decision Date:	08/15/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/29/2014

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 55-year-old male janitor sustained an industrial injury on 12/27/12. Injury occurred when he fell onto his right arm. Injury was sustained when he slipped and fell resulting in a right supracondylar distal humerus fracture. He underwent open reduction and internal fixation and anterior transposition of the ulnar nerve on 12/27/12. He also reported right shoulder and wrist pain. He underwent right carpal tunnel release on 5/17/13. Past medical history is positive for diabetes mellitus. The 1/28/14 right shoulder MRI impression documented partial tears of the supraspinatus and subscapularis tendons without retraction or atrophy, mild degenerative hypertrophic changes of the acromioclavicular joint encroaching upon the underlying supraspinatus muscle and tendon, and equivocal SLAP tear. The 4/29/14 treating physician report cited right shoulder pain with difficulty reaching overhead and resting in bed. Objective findings documented right shoulder range of motion with flexion 160 and abduction with external rotation 70/70 degrees. The right shoulder girdle was appreciably high riding and winging with parascapular muscle spasms. Impingement sign was positive. There was supraspinatus weakness. The treatment plan recommended right shoulder arthroscopy with SLAP repair, rotator cuff repair, sub-acromioplasty, and partial synovectomy. The 5/16/14 utilization review denied the request for right shoulder surgery and associated services based on an absence of documented conservative treatment and imaging evidence of a SLAP tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroplasty, repair SLAP tear, subacromioplasty, and partial synovectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ShoulderJ Knee Surg, 2002 Winter, 57-59, Bynum, Arthroscopic treatment of synovial disorders in the shoulder, elbow, and ankle.

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

Decision rationale: The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guideline criteria have been met. Persistent pain and functional disability is noted. Conservative treatment has included upper extremity physical therapy, activity modification and medications without improvement. There is imaging evidence of partial rotator cuff tears, impingement, and a possible SLAP tear. Therefore, this request for right shoulder arthroscopy with repair SLAP tear, sub-acromioplasty, and partial synovectomy is medically necessary.

Right shoulder rotator cuff repair: Overturned

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

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

Decision rationale: The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have been met. Persistent pain and functional disability is noted. Conservative treatment has included upper extremity physical therapy, activity modification and medications without improvement. There is imaging evidence of partial rotator cuff tears and impingement. Clinical exam findings are consistent with imaging with positive impingement sign and rotator cuff weakness. Therefore, this request for right rotator cuff repair is medically necessary.

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, Low back.

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 codes 29807, 29820, 29826, 29827) there is a "1" or "2" in the assistant surgeon column for each procedure. Therefore, based on the stated guideline and the complexity of the procedure, this request one assistant surgeon is medically necessary.

Preoperative medical clearance: Overturned

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

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: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. 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. Based on the patient's age and co-morbidity of diabetes mellitus, and given the risks of anesthesia, a pre-operative medical clearance is appropriate. Therefore, this request for pre-operative medical clearance is medically necessary.