

<b>Case Number:</b>	CM14-0079197		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 51-year-old female bank loan servicer sustained an industrial injury on 3/18/11, relative to cumulative trauma. The 7/2/13 left shoulder MR arthrogram impression documented no evidence of a full thickness rotator cuff tear and no tendon retraction. There was increased signal in the distal supraspinatus tendon, consistent with changes of tendinopathy/tendinosis versus subtle intrasubstance partial thickness tearing. The patient underwent left shoulder arthroscopy with distal claviclectomy and subacromial decompression on 10/10/13. Operative findings indicated the acromioclavicular joint was very arthritic with medial inferior acromial spurring, distal inferior spurring, and rough irregular articular surfaces with loss of cartilage and exposed bone. The 3/31/14 physical therapy progress report indicated the patient had significant post-op pain requiring 2 cortisone injections post-operatively. She had attended physical therapy for 14 visits and was struggling with pain throughout. The patient modified or avoided all activities of daily living. Physical exam documented left shoulder range of motion of flexion 90, abduction 110, and external rotation 45 degrees with internal rotation to the sacrum. Muscle testing noted left shoulder flexion 3+/5, abduction 4-/5, external rotation 3+/5, and internal rotation 4/5. Hawkin's and infraspinatus tests were positive. The DASH score was 80. The 5/1/14 treating physician report cited left shoulder pain with popping, crepitus, stiffness, instability and grinding. Symptoms were aggravated by repetitive motion, lifting, carrying, and driving. Sleep was disturbed. Exam documented moderate acromioclavicular (AC) joint tenderness, slight loss of shoulder range of motion. Positive Hawkin's, Neer's, subcoracoid impingement, drop arm, O'Brien's and cross body tests are documented. The diagnosis included left subacromial impingement syndrome and AC joint osteoarthritis. The treatment plan recommended left shoulder arthroscopy with acromioplasty and distal clavicle resection. Additional physical

therapy was not authorized. The 5/27/14 utilization review denied the request as this procedure was previously performed and there is no evidence of conservative treatment including injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left shoulder arthroscopy, acromioplasty debridement, extensive QTY: 1:** 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 relative to arthroscopic decompression state that conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. Guideline criteria have been met. This patient presents 7 months status post left shoulder subacromial decompression with persistent pain and significant functional limitation. Impingement signs are positive. Range of motion is markedly limited and strength deficits persist. Conservative treatment has included physical therapy and two cortisone injections without improvement. Given the failure of conservative treatment, revision surgery seems reasonable. Therefore, this request for Left Shoulder Arthroscopy, Acromioplasty and Extensive Debridement is medically necessary.

**Left shoulder distal clavical resection QTY: 1:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Partial claviclectomy.

**Decision rationale:** The California MTUS does not provide specific criteria for distal clavicle resection. The Official Disability Guidelines provide criteria for partial claviclectomy that generally require 6 weeks of directed conservative treatment and subjective and objective clinical findings of acromioclavicular (AC) joint pain. Guidelines require imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have been met. The patient is status post prior left shoulder surgery with operative findings of significant AC joint arthritis and spurring. A distal clavicle resection was carried out. Given the persistent pain and marked functional limitations, this request for revision surgery seems reasonable. Therefore, this request for Left Shoulder Distal Clavicle Resection is medically necessary.

**Assistant QTY: 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

**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 29824, there is a 2 in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request for an Assistant is medically necessary.