

Case Number:	CM14-0080164		
Date Assigned:	07/21/2014	Date of Injury:	02/06/2012
Decision Date:	12/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/30/2014

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 is a 53 year old female with a 2/6/12 injury date. The patient tripped on a floor mat and fell onto an outstretched right arm. In a 4/17/14 follow-up, the patient has continued to have shoulder pain since her rotator cuff surgery on 9/13/12. She has continued to be symptomatic at work and eventually had a considerable increased amount of pain with normal activities. Objective findings included tenderness over the acromioclavicular (AC) joint, mild scapulothoracic dyskinesia, positive impingement signs, positive cross-arm adduction test, 4/5 strength with supraspinatus and infraspinatus testing, negative Speed's, negative O'Brien's, and no evidence of instability. Range of motion of the shoulder was normal. A right shoulder MRI on 8/19/13 showed evidence of previous surgery; diffuse full-thickness articular cartilage damage of the anteroinferior glenoid and a smaller zone of cartilage damage on the posterosuperior portion of the humeral head, moderate supraspinatus tendinopathy with small areas of intrasubstance tear, acromioclavicular joint arthrosis, and a displaced intra-articular body within the biceps tendon sheath. The provider indicated that there is a superior labrum anterior posterior (SLAP) tear, but this finding is not found on the formal report. Right shoulder x-rays on 4/17/14 showed acromioclavicular joint arthritis. Diagnostic impression includes glenohumeral arthrosis, acromioclavicular joint arthrosis, and rotator cuff tendinopathy. Treatment to date includes rotator cuff repair (9/13/12), physical therapy, cortisone injection, and acupuncture. A UR decision on 5/12/14 denied the request for right shoulder arthroscopic surgery with possible rotator cuff repair, possible labral repair, subacromial decompression, and mumford procedure because there was insufficient documentation of the previous surgery, insufficient data on physical therapy treatment, and recent MRI that does not show a rotator cuff tear. The requests for pre-op clearance, pre-op blood work, and pre-op EKG were denied because the associated surgical procedure was not certified. Treatment to date: rotator cuff repair (9/13/12), physical

therapy, cortisone injection, acupuncture. A UR decision on 5/12/14 denied the request for right shoulder arthroscopic surgery with possible rotator cuff repair, possible labral repair, subacromial decompression, and mumford procedure because there was insufficient documentation of the previous surgery, insufficient data on physical therapy treatment, and recent MRI that does not show a rotator cuff tear. The requests for pre-op clearance, pre-op blood work, and pre-op EKG were denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic surgery with possible rotator cuff repair, possible labral repair, subacromial decompression, and mumford procedure.: Upheld

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

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 Chapter, Rotator Cuff Repair, Labral Repair, Decompression, Mumford

Decision rationale: CA MTUS states that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. Conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment, but without the surgical risks, and further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In addition, Official Disability Guidelines (ODG) criteria for repair of full-thickness rotator cuff tears include a full-thickness tear evidenced on MRI report. ODG states that surgery for SLAP lesions is recommended for Type II lesions and for Type IV lesions if more than 50% of the tendon is involved, in addition to a history and physical findings consistent with a SLAP lesion. Recent literature suggest poor outcome with a Worker's Compensation patient population and age over 40. CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. ODG supports partial claviclectomy (including Mumford procedure) with imaging evidence of significant AC joint degeneration along with physical findings (including focal tenderness at the AC joint, cross body adduction test, active compression test, and pain reproduced at the AC joint with the arm in maximal internal rotation may be the most sensitive tests), and pain relief obtained with an injection of anesthetic for diagnostic purposes. Non-surgical modalities includes at least 6 weeks of care directed towards symptom relief prior to surgery including anti-inflammatories and analgesics, local modalities such as moist heat, ice, or ultrasound. However, there are several issues that do not support the request at this time. With regards to the rotator cuff repair, there is no evidence of a full-thickness tear on MRI. With

regards to the labral repair, there is no evidence on the official MRI report of a SLAP tear. Although the provider indicated the possibility of SLAP tear after reviewing the MRI and MR-arthrogram is a much better study than routine shoulder MRI for the diagnosis of SLAP tears. In addition, even if the patient has a SLAP tear, a repair of this lesion is not recommended in her age group (> 40). With regards to the subacromial decompression, there was most likely a decompression performed at the time of the original rotator cuff repair surgery, but there are no operative reports available that could confirm this. In addition, it is unclear whether the standard conservative treatments of physical therapy and cortisone injections have been tried recently for the specific diagnosis of impingement syndrome. There is evidence of a previous cortisone injection, but it is not clear when this was done, whether the injection was placed in the bursal space, and what the duration and extent of the pain relief was. With regards to the Mumford procedure, all of the necessary positive exam and imaging findings are present. However, it is not clear if the patient has ever had a previous cortisone injection into the AC joint for diagnostic and therapeutic purposes. Finally, the MRI shows significant cartilage damage on the glenoid and humeral head in locations that are consistent with prior anterior shoulder dislocation or subluxation. Overall, the medical necessity of the requested procedures has not been established. Therefore, the request for right shoulder arthroscopic surgery with possible rotator cuff repair, possible labral repair, subacromial decompression, and Mumford procedure is not medically necessary.

Pre-operative clearance: Upheld

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>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-operative EKG and Lab testing and Non-MTUS ACC/AHA 2007 Guidelines, Perioperative Cardiovascular Evaluation and Care for Non-Cardiac Surgery

Decision rationale: CA MTUS does not address this issue. Official Disability Guidelines (ODG) states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative blood work (chem 7, basic metabolic panel, and complete blood count):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this issue. The American Society of Anesthesiologists states that routine preoperative tests (i.e., tests intended to discover a disease or disorder in an asymptomatic patient) do not make an important contribution to the process of perioperative assessment and management of the patient by the anesthesiologist; selective preoperative tests (i.e., tests ordered after consideration of specific information obtained from sources such as medical records, patient interview, physical examination, and the type or invasiveness of the planned procedure and anesthesia) may assist the anesthesiologist in making decisions about the process of perioperative assessment and management. However, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre-operative EKG and Lab testing

Decision rationale: CA MTUS does not address this issue. Official Disability Guidelines (ODG) states that electrocardiography is recommended for patients undergoing high-risk surgery and those who are undergoing intermediate-risk surgery that have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. However, since the primary procedure is not medically necessary, none of the associated services are medically necessary.