

Case Number:	CM14-0085749		
Date Assigned:	07/23/2014	Date of Injury:	10/23/2005
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 50-year-old male sustained an industrial injury on 10/23/05. The injury occurred when he fell off a ladder. The patient was status post right shoulder SLAP (superior labrum anterior and posterior) repair and mini-open rotator cuff repair on 9/23/09. Past medical history was positive for type 1 diabetes. The patient was a current smoker. The 6/11/13 right shoulder MRI impression documented a recurrent high-grade partial thickness supraspinatus tear, mild associated delamination of the adjacent anterior infraspinatus tendon, subacromial/subdeltoid bursitis, and minimal acromioclavicular osteoarthritis. The 3/25/14 treating physician report cited significant persistent right shoulder pain. Exam documented significant pain with any shoulder motion and active elevation limited to approximately 100 degrees. Passive elevation was 170 degrees. There was marked weakness with 4/5 rotator cuff strength and significant pain to resisted testing. Hawkin's and Neer impingement signs were positive. Surgery was recommended for a high grade partial thickness rotator cuff tear. The provider opined that relief would not be obtained short of surgical intervention. The 5/12/14 utilization review denied the request for right shoulder surgery and associated requests as there was no recent documentation of failure of comprehensive conservative treatment. Records indicate the patient has been treated with pain medications, acupuncture, chiropractic, physical therapy, and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-operative Electrocardiogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition, Chapter: :Low Back - Lumbar & Thoracic Preoperative testing , general.

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 state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle aged diabetic males who smoke have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, this request for pre-operative EKG is medically necessary.

1 Shoulder Immobilizer: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213.

Decision rationale: The ACOEM guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Immobilization is recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. Guideline criteria have been met. The use of a post-operative immobilizer is generally indicated. Therefore, this request for one shoulder immobilizer is medically necessary.

1 Pre-operative Blood Work (Complete Blood Count, Basic Metabolic Panel): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition, Chapter: :Low Back - Lumbar & Thoracic Preoperative testing , general.

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 most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines criteria have been met. The use of the requested pre-operative lab testing appears reasonable in a 50-year-old diabetic patient undergoing general anesthesia. Therefore, this request for pre-operative blood work (complete blood count, basic metabolic panel) is medically necessary.

1 Right Shoulder Arthroscopy with Rotator Cuff Repair and Allograft: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition, Chapter: Shoulder; Diagnostic Arthroscopy Official Disability Guidelines (ODG) ODG Indications for Surgery - Rotator cuff repair.

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. This patient presents with significant persistent pain and functional limitation. There is marked loss of active range of motion and weakness over the rotator cuff. Impingement signs are positive. Imaging documents a high-grade partial thickness rotator cuff tear. Reasonable conservative treatment has been tried and failed. Therefore, this request for right shoulder arthroscopy with rotator cuff repair and allograft is medically necessary.