

Case Number:	CM14-0087222		
Date Assigned:	08/08/2014	Date of Injury:	04/20/2014
Decision Date:	12/24/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 54-year-old male caregiver sustained an industrial injury on 4/20/14. Injury occurred when he lifted a client to put him on the bed and experienced severe right shoulder pain. The 4/30/14 right shoulder MRI demonstrated a low grade bursal sided supraspinatus tendon tear with no full thickness tear, with findings suggestive of impingement. There was labral tearing, minimal glenohumeral osteoarthritis, moderate biceps tendinosis, and findings consistent with calcific tendinitis and bursitis. The 4/30/14 orthopedic report cited severe right shoulder pain and inability to lift his right arm without assistance. Right shoulder exam documented severely restricted range of motion with focal tenderness along the biceps tendon, rotator cuff, and subacromial region. Impingement and Neer signs were positive. He had a positive arc test with severe adhesive capsulitis. MRI findings showed a full thickness supraspinatus rotator cuff tear with moderate AC joint arthropathy. Authorization was requested for right shoulder arthroscopy with subacromial decompression, possible distal clavicle resection arthroplasty, and arthroscopic versus mini-open rotator cuff repair, along with associated surgical requests. The original 5/29/14 utilization review denied the right shoulder surgery and associated requests based on lack of 3 to 6 months of conservative treatment. A 5/30/14 utilization review addendum approved this procedure following peer-to-peer-to-peer discussion based on imaging findings of a high-grade partial rotator cuff tear and labral tear, and the patient's inability to lift his arm. The request for a cold therapy unit was modified to 7 days consistent with guidelines. The request for pre-operative clearance/labs was denied with provider agreement as there were no major or significant medical conditions. The requests for an Ultra sling and 12 visits of post-op physical therapy were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with subacromial decompression, possible distal clavicle resection arthroplasty and arthroscopic rotator cuff repair versus mini open rotator cuff repair.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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 Impingement Syndrome; Surgery for Rotator Cuff Repair.

Decision rationale: The California MTUS guidelines provide general recommendations for rotator cuff repair and impingement syndrome. For rotator cuff tears presenting primarily as impingement, surgery is generally reserved for cases failing conservative treatment for three months. The Official Disability Guidelines provide more specific indications for impingement syndrome that typically include 3 to 6 months of conservative treatment, subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. The 5/30/14 utilization review approved this procedure in an addendum following peer-to-peer discussion based on imaging findings of a high-grade partial rotator cuff tear and labral tear, and the patient's inability to lift his arm. Therefore, and consistent with the utilization review decision, this request was medically necessary.

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for up to 7 days, including home use. The 5/30/14 utilization review decision recommended partial certification of this cold therapy device for 7-day use. There is no compelling reason in the records reviewed to support the medical necessity of a cold device beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request is not medically necessary.

Ultra sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205,213. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Shoulder, Postoperative Abduction Pillow Sling.

Decision rationale: The California MTUS are silent regarding post-op abduction pillow slings. The Official Disability Guidelines state that these slings are recommended as an option following open repair of large and massive rotator cuff tears. The 5/30/14 utilization review approved an Ultra sling for post-op use. Additional authorization is not required. Therefore, this request is not medically necessary.

Pre op clearance/labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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. 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. Middle aged males have known occult increased medical/cardiac risk factors which would support basic pre-operative clearance with labs. However, the medical necessity of a non-specific request cannot be established, and records indicate that the treating physician agreed to non-certification. Therefore, this request is not medically necessary.

Post op physical therapy 12 sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/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. The 5/30/14 utilization review approved the initial treatment request for 12 visits of physical therapy treatment. There is no compelling reason to support the medical necessity of additional treatment at this time, pending completion of current approved care. Therefore, this request is not medically necessary.