

Case Number:	CM14-0100284		
Date Assigned:	07/30/2014	Date of Injury:	07/03/2013
Decision Date:	01/07/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Surgeon 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 49-year-old male sustained a work related injury on 07/03/2013 while he was using a drill to install an outlet. He applied significant force and while pushing the drill, he lost grip of the drill and hit him in the left shoulder and subsequently had pain. According to an office visit dated 05/21/2014, the patient complained of persistent left shoulder pain, particularly after exercise or physical therapy which required narcotic management. He was utilizing Percocet 10mg/325mg 1 prior to and 1 after therapy sessions. He was also utilizing Percocet on average over one per day. The number of physical therapy sessions that were attended was not noted. According to the provider, the patient was recovering from a right shoulder arthroscopic debridement which was doing quite well and did not require analgesics. Analgesic use was solely because of his left shoulder which was particularly aggravated by physical therapy. The patient had no improvement with physical therapy and felt that he could discontinue opioid analgesics on regular basis if therapy was discontinued. The provider noted that he did not see the benefit of continued, particularly daily opioid/narcotic analgesics out of concern for habituation and that is was likely, if not definite, that the injured worker would require surgery on the left shoulder. He also noted that persistent chronic narcotic use would only make perioperative and postoperative courses more difficult from a pain management standpoint. As of an office visit dated 05/28/2014, the patient continued to complain of pain and discomfort in his left shoulder. Pain was described as stiffness and achiness. Physical examination of the left shoulder revealed forward flexion of 90 degrees and abduction 105 degrees. Internal and external rotation caused pain with positive impingement signs. He had global stiffness with internal and external rotation of his left shoulder. The provider's assessment was noted as global stiffness left shoulder, left shoulder posterior labral tear, secondary impingement and adhesive capsulitis left shoulder in a diabetic male on insulin pump, impingement with bursitis left

shoulder, labral tear left shoulder, and history of right shoulder arthroscopy three months ago with excellent progress. According to the provider, the patient responded so well to the right shoulder arthroscopy and that he was recommending authorization for a left shoulder examination and manipulation under anesthesia with arthroscopy, decompression and debridement. Other recommendations included postoperative physical therapy and postoperative CPM machine (as he is a diabetic and prone to stiffness of his left shoulder). The patient was diagnosed with impingement and bursitis of his left shoulder and MRI studies confirm a labral tear. Radiographic imaging reports were not submitted for review. According to progress notes, imaging reports dated 11/21/2013 were reviewed and revealed supraspinatus pathology noted to be inflammation with possible micro tearing. He was noted to have intact rotator cuff muscle with a down sloping acromion as well as signal in the anterior labrum. On 06/13/2014 Utilization Review non-certified left shoulder diagnostic operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated possible distal clavicle resection with examination and manipulation under anesthesia, post-op physical therapy x 12 visits left shoulder, medical clearance, pre-op lab work (CBC, CMP, PT/PTT, Hepatitis Panel, HIV panel, urinalysis, pre-op electrocardiogram, pre-op chest x-rays, antibiotic Levaquin #20 750mg for 10 days (peri-operative) and assistant surgeon that was requested on 05/30/2014. According to the Utilization Review physician, it would be worthwhile for the surgeon to consult the injured worker's internist to see whether the glucocorticoid injection could be tolerated as this would be much less of a risk to the injured worker than doing surgery. Since surgery was non-certified, the ancillary services were also denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulders DX OP Arthroscopic Debridement, Acromioplasty Resection of Coracoacromial Ligament and Bursa as Indicated Possible Distal Clavicle Resection with Examination and Manipulation under Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 Section, Arthroscopy, Surgery for Impingement Syndrome and Manipulation under Anesthesia

Decision rationale: CA MTUS ACOEM Practice Guidelines Chapter 9 supports surgical intervention for patients who have: (1) red flag conditions; (2) activity limitation for more than four months, plus existence of a surgical lesion; (3) failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; (4) clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. In addition, ODG states that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. ODG criteria for manipulation under anesthesia include adhesive capsulitis refractory to conservative therapy lasting at least 3-6

months where abduction remains less than 90. In this case, the patient complained of persistent left shoulder pain despite physical therapy and medications. Pain was described as stiffness and achiness. Physical examination of the left shoulder revealed forward flexion of 90 degrees and abduction 105 degrees. Internal and external rotation caused pain with positive impingement signs. He had global stiffness with internal and external rotation of his left shoulder. The provider's assessment was noted as global stiffness left shoulder, left shoulder posterior labral tear, secondary impingement and adhesive capsulitis left shoulder in a diabetic male on insulin pump, impingement with bursitis left shoulder, and labral tear left shoulder, and history of right shoulder arthroscopy three months ago with excellent progress. Surgery may be indicated in this case due to failure of conservative measures. However, there was no official MRI report submitted for review that may corroborate the presence of a surgical lesion. The medical necessity cannot be established due to insufficient information. Therefore, the request for left shoulder dx op arthroscopic debridement, acromioplasty resection of coracoacromial ligament and bursa as indicated possible distal clavicle resection with examination and manipulation under anesthesia is not medically necessary.

Associated surgical service: Post Op Pt X 12 Visit Left Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Pre-Operative Lab work; CBC, CMP, PT/PTT, HEP Panel, HIV Panel, U/A: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Pre-Operative EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Pre-Operative Chest X-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Antibiotic- Levaquin # 20, 750 mg for 10 days peri-operative: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.