

<b>Case Number:</b>	CM14-0157109		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 New York. 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:

The patient is a 51-year-old female who has chronic neck bilateral arm and shoulder pain. MRI the right shoulder shows moderate tearing of the subscapularis. There really degenerative changes in the glenohumeral joint. MRI of the left shoulder shows moderate tearing of the subscapularis. There is moderate tearing of the supraspinatus. There is mild acromioclavicular joint degeneration. Physical examination shows bilateral shoulder pain and low back pain. The lateral shoulder range of motion is decreased. The patient has had chiropractic care and physical therapy and still has pain. The patient is diagnosed with adhesive capsulitis and a.c. joint arthritis. At issue is whether bilateral shoulder joint surgery is medically necessary. Also at issue is whether associated items with the surgery needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keflex Capsules 500mg #20:** 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.

**Tramadol HCL 50mg #60: 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.

**Norco Tablets 5/325mg #60: 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.

**Bilateral shoulder arthroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, web-based version, Impingement Syndrome Surgery for Impingement Syndrome

**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: MTUS shoulder pain chapter.

**Decision rationale:** This patient does not meet criteria for shoulder surgery. Specifically there is no clear correlation between physical examination and MRI imaging studies. There is no documentation of complete rotator cuff tear. There is also no clear documentation of her recent trial and failure of conservative measures to include physical therapy for bilateral shoulder pain. There is also no documentation of her recent shoulder injection in the results of such injection. Additional conservative measures for the treatment of shoulder pain are medically necessary. Imaging studies do not demonstrate that this patient has any red flag indicators for shoulder surgery at this time.

**Lysis of adhesion rotator cuff: 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-TWC)

**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: MTUS shoulder pain chapter.

**Decision rationale:** This patient does not meet criteria for shoulder surgery. Specifically there is no clear correlation between physical examination and MRI imaging studies. There is no documentation of complete rotator cuff tear. There is also no clear documentation of her recent trial and failure of conservative measures to include physical therapy for bilateral shoulder pain. There is also no documentation of her recent shoulder injection in the results of such injection. Additional conservative measures for the treatment of shoulder pain are medically necessary. Imaging studies do not demonstrate that this patient has any red flag indicators for shoulder surgery at this time.

**Partial anterolateral acromioplasty and resection of coracoacromial ligament:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, web-based version, Impingement Syndrome Surgery for Impingement Syndrome

**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: MTUS shoulder pain chapter

**Decision rationale:** This patient does not meet criteria for shoulder surgery. Specifically there is no clear correlation between physical examination and MRI imaging studies. There is no documentation of complete rotator cuff tear. There is also no clear documentation of her recent trial and failure of conservative measures to include physical therapy for bilateral shoulder pain. There is also no documentation of her recent shoulder injection in the results of such injection. Additional conservative measures for the treatment of shoulder pain are medically necessary. Imaging studies do not demonstrate that this patient has any red flag indicators for shoulder surgery at this time.

**Extensive debridement of subacromial bursa and rotator cuff:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, web-based version, Impingement Syndrome Surgery for Impingement Syndrome

**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: MTUS shoulder pain chapter

**Decision rationale:** This patient does not meet criteria for shoulder surgery. Specifically there is no clear correlation between physical examination and MRI imaging studies. There is no

documentation of complete rotator cuff tear. There is also no clear documentation of her recent trial and failure of conservative measures to include physical therapy for bilateral shoulder pain. There is also no documentation of her recent shoulder injection in the results of such injection. Additional conservative measures for the treatment of shoulder pain are medically necessary. Imaging studies do not demonstrate that this patient has any red flag indicators for shoulder surgery at this time.

**Interscalene block under ultrasound guidance for control of postoperative pain:** 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-TWC)

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

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**General anesthesia with hypnotensive technique:** 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.

**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.

**Preoperative clearance evaluation:** 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.

**Preoperative 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.

**Preoperative electrocardiogram (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.

**Pulmonary function test: 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.

**Preoperative complete blood count (CBC): 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.