

Case Number:	CM14-0173859		
Date Assigned:	11/04/2014	Date of Injury:	03/29/2005
Decision Date:	01/23/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/21/2014

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 43 year old female with a 3/29/05 injury date. She was training a dog that was pulling on her while at work, and she experienced shoulder pain. A 9/17/14 follow-up revealed that the patient was treated in 2005 for left shoulder glenohumeral instability with an arthroscopic capsulorrhaphy. She was able to return to her usual and customary duties at that point. She eventually developed neck and right shoulder pain and was diagnosed with a herniated cervical disk. The non-operative treatment that she received for this seemed to worsen her right shoulder pain. A right shoulder MRI in 2007 showed moderate rotator cuff tendinosis and no evidence of labral tear. She received a cortisone injection in the right shoulder in 2009, which provided relief for several weeks, but the pain eventually recurred. Recent subjective complaints included right shoulder pain that radiates down the right arm, and a crunching sensation when reaching overhead. Objective findings included full range of motion of the shoulder with discomfort at the extremes, no swelling or atrophy, intact rotator cuff strength, discomfort with impingement testing, significantly positive apprehension signs with discomfort on abduction and external rotation, and maximal tenderness directly over the glenohumeral joint. A repeat injection was performed in the joint space and the patient's symptoms went away and the exam became essentially normal with no apprehension. In a rebuttal letter to the UR decision on 10/19/14, the provider states that the patient has right shoulder instability without frank dislocations. This is what she suffered from in 2005 with the left shoulder, and this was treated successfully with capsulorrhaphy. The patient has symptoms and signs of left shoulder instability with pain and apprehension, and laxity on exam with complete pain relief with an anesthetic injection into the joint. The provider also indicates that chronic instability caused by capsular laxity will produce a normal MRI without evidence of labral tear, which is precisely what the situation was with the contralateral shoulder in 2005. In addition, she is well versed in home shoulder strengthening

exercises and has been doing them diligently, and the provider does not feel that additional formal physical therapy will have any benefit. Diagnostic impression: right shoulder multidirectional instability. Treatment to date: left shoulder arthroscopic capsulorrhaphy (7/22/05), home exercise, physical therapy, injection, medications. A UR decision on 9/25/14 denied the request for right shoulder arthroscopic capsulorrhaphy, but the rationale was not provided in the documentation. The requests for pre-op appointment, pre-op meds, post-op appointments x 4 with fluoroscopy, post-op physical therapy, and Game-ready rental were denied presumably because the associated surgical procedure was not certified, but again, the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic capsulorrhaphy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Shoulder Dislocation Surgery and Non-MTUS Gaskill TR, Taylor DC, Millett PJ. Management of Multidirectional Instability of the Shoulder. J Am Acad Orthop Surg. Dec 2011 vol 19. No 12. 758-767.

Decision rationale: CA MTUS and ODG criteria for Bankart repair include history of multiple dislocations that inhibit activities of daily living; positive apprehension findings or injury to the humeral head; and conventional x-rays, AP and true lateral or axillary view. Although the most common reason for capsule and/or labral repair is anterior instability as a result of shoulder dislocation, this patient presents with a picture of multidirectional instability. In an article by Gaskill TR et al, multidirectional instability is defined as symptomatic instability in two or more directions. In these cases, the instability is not acquired or the result of frank dislocation, is often bilateral in nature, and appears to be caused by a global capsular laxity. These patients often have a normal MRI. If surgical management is required, capsular plication has been used successfully. This is the clinical picture that we see with the current patient, who was treated successfully with left shoulder capsulorrhaphy in 2005, and is now being considered for a similar right shoulder procedure. On exam, the patient has laxity without dislocation, apprehension with abduction and external rotation, and complete relief of pain and apprehension with anesthetic injection into the joint space. In addition, the patient was very satisfied with the results of her capsular plication procedure on the contralateral shoulder in 2005. It is unlikely that further formal physical therapy will be of any benefit since the patient is well educated in shoulder strengthening exercises at home. The medical necessity of the requested procedure appears to have been established. Therefore, the request for Right Shoulder Arthroscopic Capsulorrhaphy is medically necessary.

Pre-op appointment: Upheld

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

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 ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: CA MTUS does not address this issue. 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 that undergoing intermediate-risk surgery 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, in this case there is no indication in the available documentation that this 43 year old patient has any significant medical comorbidity or is otherwise an intermediate or high-risk patient. It does not appear that anything other routine pre-op lab tests are necessary. The medical necessity for a specific consultation with a cardiologist or internal medicine physician prior to the procedure has not been established. Therefore, the request for pre-op appointment is not medically necessary.

Pre-op Meds Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80 and 81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. However, the strength, duration, and number of pills were not specified in the request. Therefore, the request for pre-op meds Norco is not medically necessary.

Post-op appointments x 4 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

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

Decision rationale: CA MTUS and ODG do not address this issue. Legally, the surgeon is required to see the patient for at least 90 days after a procedure. It is unclear what the purpose of fluoroscopy would be in the post-operative period. Therefore, the request for post-op appointments x 4 with fluoroscopy is not medically necessary.

Post-op physical therapy 2 x 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter-physical therapy

Decision rationale: CA MTUS does not address this issue. ODG allows for 24 physical therapy sessions over 14 weeks after Bankart repair. The above request is within these limitations. Therefore, the request for post-op physical therapy 2 x 6 weeks is medically necessary.

Game ready rental x 2 weeks: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Chapter, continuous-flow cryotherapy.

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for DVT. However, the current request is for 2 weeks, which is above the allowed rental time of 7 days. Therefore, the request for Game ready rental x 2 weeks is not medically necessary.

Shoulder immobilizer: 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) Shoulder Chapter

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

Decision rationale: CA MTUS does not address this issue. ODG states that postoperative immobilization is not recommended; immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". Therefore, the request for shoulder immobilizer is not medically necessary.

Pre-op Meds Zofran: 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) Pain Chapter and U.S. Food and Drug Administration

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Odansetron)

Decision rationale: CA MTUS does not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, the dosage, route, and frequency were not specified in the request. Therefore, the request for pre-op meds Zofran is not medically necessary.

Pre-op Meds Colace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation FDA (docusate)

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. However, constipation would not be an expected issue given the non-certification of Norco. In addition, the dosage and frequency were not specified in the request. Therefore, the request for pre-op meds Colace is not medically necessary.

Pre-op Meds Naproxen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 and 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter--NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, the dosage, frequency, and number of pills were not specified in the request. Therefore, the request for pre-op meds Naproxen is not medically necessary.

Pre-op Meds Zolpidem Tartrate: 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) Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Ambien, FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, the dosage, frequency, and number of pills were not specified in the request. In addition, there is no rationale in the documentation that discusses insomnia. Therefore, the request for pre-op meds Zolpidem Tartrate is not medically necessary.