

Case Number:	CM14-0183102		
Date Assigned:	11/10/2014	Date of Injury:	02/06/2013
Decision Date:	01/06/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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:

The injured worker is a 54 year old male with a reported industrial injury dated 2/5/13. Exam note dated May 6, 2014 demonstrates complaints of pain in the left greater than right shoulders. Physical exam discloses diffuse subacromial tenderness in the left shoulder and over the acromioclavicular joint. The right shoulder also has diffuse acromioclavicular joint tenderness and subacromial tenderness. Positive impingement sign is noted in the right side with diffuse pain in the left. Range of motion the shoulder reveals abduction to 120. All range of motion is limited by pain. Exam on June 23, 2014 demonstrates increasing neck and bilateral shoulder pain over the last 2 years. Report states that the claimant has had 8 visits of physical therapy, one cortisone injection of various anti-inflammatories. MRI of the right shoulder reveals biceps tenosynovitis, subscapularis tendinosis, hypertrophic degenerative changes about the right before meals joint without evidence of rotator cuff tear, and mild compression the supraspinatus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: The California MTUS and Official Disability Guidelines are silent on the issue of preoperative clearance. Alternative guidelines were referenced. The alternative guidelines states that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 54 years old and does not have any evidence in the cited records from 6/23/14 of significant medical comorbidities to support a need for preoperative clearance. Therefore, this request is not medically necessary.

E-Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The California MTUS/ACOEM guidelines are silent on the issue of E-stimulator for the shoulder. Per the Official Disability Guidelines, Shoulder, electrical stimulation, "Not recommended. For several physical therapy interventions and indications (eg, thermotherapy, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy." As the guidelines do not support e-stimulation for the shoulder, this request is not medically necessary.

Sling with Large Abduction Pillow: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines are silent on the issue of abduction pillow. Per the Official Disability Guidelines criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. In this case, there is no indication for need for open rotator cuff repair. Therefore, this request is not medically necessary.

CPM Unit: 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) Shoulder, Continuous passive motion

Decision rationale: The California MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis, it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis in the cited records, the request is not medically necessary.

Assistant Surgeon: 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 <http://www.aaos.org/about/papers/position/1120.asp>

Decision rationale: The California MTUS/ACOEM/Official Disability Guidelines are silent on the issue of assistant surgeon. According to the American College of Surgeons, "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital." There is no indication for an assistant surgeon for a routine shoulder arthroscopy. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case, the request for an assistant surgeon is not medically necessary.