

<b>Case Number:</b>	CM14-0189529		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	11/29/2008
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 53 year old female with an 11/29/08 injury date. The patient sustained a right shoulder injury while operating a trolley coach. A 6/10/14 right shoulder MRI revealed a moderate-sized partial supraspinatus tendon tear associated with a small full-thickness component. In a 10/23/14 note, the patient complained of right shoulder pain, slightly less since not working. Objective findings included reduced range of motion and positive impingement. In a 9/2/14 note, the provider noted that 12 sessions of physical therapy, medications, and a cortisone injection have only slightly helped the patient. Multiple previous clinical notes documented objective right shoulder weakness with slightly reduced active range of motion. Diagnostic impression: right shoulder rotator cuff tear. Treatment to date: physical therapy, medications, cortisone injection. A UR decision on 10/30/14 denied the request for right shoulder mini-arthrotomy, rotator cuff repair, and subacromial decompression because there was insufficient information regarding conservative treatment. The requests for hydrocodone, diazepam, surgical assistant, CBC, UA, PT/PTT/INR, BMP, EKG, chest x-ray, and physical therapy were denied because the associated surgical procedures were not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthrotomy, mini-arthrotomy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/1G422224>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):  
Shoulder Chapter--Rotator cuff repair

**Decision rationale:** CA MTUS states that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation; conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment, but without the surgical risks, and further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In addition, ODG criteria for repair of full-thickness rotator cuff tears include a full-thickness tear evidenced on MRI report. A mini-arthrotomy of the shoulder is an acceptable approach to performing rotator cuff repair surgery, and is considered along with the request for repair of the rotator cuff. In this case, there is evidence of a small full-thickness tear on MRI and failure of appropriate conservative treatment measures. Therefore, the request for right shoulder arthrotomy, mini-arthrotomy, is medically necessary.

**Repair of rotator cuff:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):  
Shoulder Chapter--Rotator cuff repair

**Decision rationale:** CA MTUS states that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation; conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment, but without the surgical risks, and further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In addition, ODG criteria for repair of full-thickness rotator cuff tears include a full-thickness tear evidenced on MRI report. In this case, there is evidence of a small full-thickness tear on MRI and failure of appropriate conservative treatment measures. Therefore, the request for repair of rotator cuff is medically necessary.

**Decompression of subacromial space:** Overturned

**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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):  
Shoulder Complaints-Surgery for impingement syndrome

**Decision rationale:** CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. Given the approval of the rotator cuff repair, subacromial decompression is appropriate as an adjuvant procedure. Therefore, the request for decompression of the subacromial space is medically necessary.

**Post-op medication: Hydrocodone 7.5/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Medical 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. Given the approval of the surgical procedure, treatment of initial post-operative pain with an opioid medication is appropriate. Therefore, the request for hydrocodone 7.5/325 mg #120 is medically necessary.

**Diazepam 10mg #40:** Overturned

**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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Benzodiazepines Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Given the approval of the surgical procedure, treatment of initial post-operative muscle spasm is appropriate. Therefore, the request for diazepam 10 mg #40 is medically necessary.

**Surgical Assistant:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**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: American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

**Decision rationale:** CA MTUS does not address this issue. [REDACTED] Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics states on the role of the First Assistant: 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 functions, 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. "The first assistant's role has traditionally been filled by a variety of individuals from diverse backgrounds. Practice privileges of those acting as first assistant should be based upon verified credentials reviewed and approved by the hospital credentialing committee (consistent with state laws)." Given the approval of the surgical procedure, and the complexity and labor of a rotator cuff repair, a surgical assistant is appropriate. Therefore, the request for surgical assistant is medically necessary.

**Pre-op lab: CBC:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**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--Preoperative EKG and Lab testing

**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. Given the approval of the surgical procedure and the patient's age of 53, a preoperative CBC is appropriate. Therefore, the request for pre-op lab CBC is medically necessary.

**Pre-op lab: UA:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**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--Preoperative EKG and lab testing

**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. Given the approval of the surgical procedure and the patient's age of 53, a preoperative UA is appropriate. Therefore, the request for pre-op lab UA is medically necessary.

**Pre-op lab: PT/PTT/INR:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**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--Preoperative EKG and lab testing

**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. Given the approval of the surgical procedure and the patient's age of 53, a preoperative PT/PTT/INR is appropriate. Therefore, the request for pre-op lab PT/PTT/INR is medically necessary.

**Pre-op lab: Basic metabolic panel:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**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--Preoperative EKG and lab testing

**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. Given the approval of the surgical procedure and the patient's age of 53, a preoperative BMP is appropriate. Therefore, the request for pre-op lab basic metabolic panel is medically necessary.

**Pre-op EKG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**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--Preoperative EKG and lab testing

**Decision rationale:** CA MTUS does not address this issue. ODG states that electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Given the approval of the surgical procedure and the patient's age of 53, a preoperative EKG is appropriate. Therefore, the request for pre-op EKG is medically necessary

**Pre-op Chest X-ray:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**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--Preoperative EKG and lab testing

**Decision rationale:** CA MTUS does not address this issue. ODG states that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Given the approval of the surgical procedure and the patient's age of 53, a preoperative chest x-ray is appropriate. Therefore, the request for pre-op chest x-ray is medically necessary.

**Post-op Physical therapy x 12 sessions, right shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS supports 40 physical therapy sessions over 16 weeks after rotator cuff repair surgery. Given the approval of the surgical procedure, a course of post-op physical therapy is appropriate. Therefore, the request for post-op physical therapy x 12 sessions, right shoulder, is medically necessary.