

Case Number:	CM14-0190434		
Date Assigned:	11/21/2014	Date of Injury:	11/18/2008
Decision Date:	02/17/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/14/2014

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 54 year old male with an 11/18/08 injury date. In a 9/22/14 note, the patient complained of left shoulder pain and difficulty sleeping. The patient's medical history was significant for diabetes. Objective findings included left shoulder forward flexion to 165 degrees, external rotation to 50 degrees, internal rotation to L2, equal range of motion to the contralateral shoulder, weak rotator cuff strength, positive O'Brien's test, and no acromioclavicular (AC) joint tenderness. There was a negative Popeye sign and negative cross-body adduction. X-rays of the left shoulder revealed moderate AC joint and glenohumeral arthrosis. A left shoulder MRI on 9/11/14 showed a partial thickness tear on the inferior aspect of the junction of the supraspinatus and infraspinatus tendons, and subchondral erosions of the humeral head. Diagnostic impression: left shoulder rotator cuff tear. Treatment to date: physical therapy, medications, injections. A UR decision on 10/23/14 approved the request for left shoulder rotator cuff repair and subacromial decompression. However, the request for left shoulder arthroscopy with capsular release, manipulation under anesthesia, biceps tenotomy versus tenodesis, and Mumford was denied there was insufficient evidence on physical exam and imaging of frozen shoulder, AC joint arthropathy, or biceps pathology. The requests for EKG and A1C/H1C labs were denied because the medical clearance was approved, therefore, the evaluating physician will determine their necessity. The request for 18-24 sessions of physical therapy was modified to allow for 12 sessions only because of the "limited surgery" approved. The request for smart sling was denied because a generic shoulder immobilizer is sufficient. The request for Game Ready device was denied because "there is only repair, not reconstruction."

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsular Release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-<http://www.odg-twc.com/odgtwc/shoulder.htm>.

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--Surgical release of adhesions

Decision rationale: CA MTUS and ODG criteria for arthroscopic release of shoulder adhesions include cases of adhesive capsulitis with failure of conservative treatment (physical therapy and NSAIDs). However, in this case there was no evidence of limited passive range of motion on exam sufficient for a diagnosis of adhesive capsulitis. Therefore, the request for capsular release is not medically necessary.

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): 209-11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter--Manipulation under anesthesia

Decision rationale: CA MTUS and 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. However, in this case there was no evidence of limited passive range of motion on exam sufficient for a diagnosis of adhesive capsulitis. Therefore, the request for manipulation under anesthesia is not medically necessary.

Biceps Tenotomy Versus Tenodesis and Debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-<http://www.odg-tws.com/odgtwc/shoulder.htm#Surgery>

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--Ruptured biceps tendon surgery

Decision rationale: CA MTUS states that ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired

for cosmetic reasons, but is not necessary for function. However, there were no significant findings in support of a diagnosis of biceps tendonitis or biceps tendon rupture. On physical exam, there was no mention of Speed's or Yergeson's, and Popeye sign was negative. There was no evidence of biceps pathology on imaging. Therefore, the request for biceps tenotomy versus tenodesis and debridement is not medically necessary.

Mumford: Upheld

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

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--Distal clavicle resection

Decision rationale: CA MTUS and ODG support partial claviclectomy (including Mumford procedure) with imaging evidence of significant AC joint degeneration along with physical findings (including focal tenderness at the AC joint, cross body adduction test, active compression test, and pain reproduced at the AC joint with the arm in maximal internal rotation may be the most sensitive tests), and pain relief obtained with an injection of anesthetic for diagnostic purposes. Non-surgical modalities includes at least 6 weeks of care directed towards symptom relief prior to surgery including anti-inflammatories and analgesics, local modalities such as moist heat, ice, or ultrasound. However, on physical exam there was a negative cross body adduction test and no tenderness over the AC joint. In addition, there was no specific documentation of a previous AC joint cortisone injection and what the result was. Therefore, the request for Mumford is not medically necessary.

Associated Surgical Services - EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing-Author: Gyanendra K Sharma, MD, FACP, FACC, FASE; Chief Editor: William A Schwer, MD.

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 surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this case, the patient was approved for rotator cuff repair surgery and is age 54 with diabetes. A preoperative EKG is appropriate. Therefore, the request for EKG is medically necessary.

Associated Surgical Services- Post-Op Physical Therapy x 18-24: 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 that this patient was recently approved for rotator cuff repair on the left shoulder, the request for 18-24 post-op sessions is appropriate. Therefore, the request for post-op physical therapy x 18-24 is medically necessary.

Associated Surgical Services- Labs: A1C Level, Beta H1C: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing-Author: Gyanendra K Sharma, MD, FACP, FACC, FASE; Chief Editor: William A Schwer, MD.

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. In this case, the patient is diabetic and the rotator cuff surgery was approved. A preoperative assessment of diabetic control is appropriate. Therefore, the request for A1C and beta H1C levels is medically necessary.

Associated Surgical Services - Smart Sling: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: <http://www.odgtwc.com/odgtwc/shoulder.htm#Protocol>.

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--Postoperative abduction pillow sling

Decision rationale: CA MTUS does not address this issue. ODG recommends abduction pillow slings as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. Given the prior approval of rotator cuff repair surgery, a smart- or ultra-sling is appropriate. Therefore, the request for Smart sling is medically necessary.

Associated Surgical Services- Game Ready: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: <http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee 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. Given the previous approval of rotator cuff repair surgery, the use of a post-operative cooling device is appropriate. Therefore, the request for Game Ready device is medically necessary.