

Case Number:	CM14-0209273		
Date Assigned:	12/22/2014	Date of Injury:	11/14/2009
Decision Date:	02/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, California
 Certification(s)/Specialty: Orthopedic Surgery

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 38-year old female with a date of injury of 11/14/2009. The mechanism of injury was pulling a shotgun from the car in 2001 (as an [REDACTED]). The injured worker's diagnoses included left shoulder strain. The injured worker's past treatments included conservative modalities of rest, ice, anti-inflammatories, analgesics, home stretching and strengthening exercise, physical therapies, injections, chiropractic treatment without any long term benefits. The injured worker's diagnostic studies included an MRI which was performed on 10/24/2014 and indicated a downward sloping acromion which could indicate a rotator cuff impingement. Surgical history was not included. On 11/11/2014, it was noted the injured worker complained of sharp shooting pain radiating from her neck to her shoulder down to her fingertips. Physical examination indicated a positive Neer's and Hawkins impingement sign which do correlate with the MRI. Left shoulder forward flexion and abduction of 170 degrees and also positive for the empty can test. The injured worker's current medications were not provided. The treatment plan was for diagnostic and operative arthroscopy of the left shoulder. The request is for (1) 1 left shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of the coracoacromial ligament and bursa as indicated, possible distal clavicle resection; (2) associated surgical service 1 assistant surgeon; (3) medical clearance to include labs (CBC, CMP, PT/PTT/Hep panel/UA) EKG and chest x-ray; (4) 12 postoperative sessions of physical therapy; (5) 1 postoperative sling. The rationale was none of the conservative treatments of modalities have provided her with long lasting effects from the pain and, as the injured worker is young and active, she does require full functionality of her left

shoulder and has completed all conservative care. The injured worker's authorization dated November 18, 2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome.

Decision rationale: The request for 1 left shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection is not medically necessary. The injured worker presented on 11/11/2014 stating she was experiencing sharp shooting pain radiating from her neck to her shoulders down to her fingertips since 2011. According to the California MTUS/ACOEM Guidelines Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. The Official Disability Guidelines indications for acromioplasty surgery are conservative care of 3 to 6 months, subjective clinical findings, which would be for example, active arc motion 90 to 133 degrees and pain at 9+; objective clinical findings of weak or absent abduction and tenderness over the rotator cuff or anterior acromial area and; positive impingement sign and temporary relief of pain with anesthetic injection; plus conventional x-rays AP and true lateral or axillary view and MRI, ultrasound, or arthrogram showing positive evidence of impingement. When the injured worker presented with complaints, she did not indicate any tenderness over the rotator cuff or anterior acromial area or pain at night. The objective examination did not indicate weak or absent abduction or tenderness over the rotator cuff or anterior acromial and positive impingement sign. The MRI, as read by the radiologist, was unremarkable with an intact rotator cuff and no evidence of labrum tear. In the absence of the indications for acromioplasty including conservative care, subjective clinical findings, and objective clinical findings, and imaging findings, the request is not indicated. As such, the request for 1 left shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection is not medically necessary.

Associated surgical service: 1 assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services,

Physician Fee Schedule Search; <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

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, Surgical assistant.

Decision rationale: The request for Associated surgical service: 1 assistant surgeon is not medically necessary. The injured worker presented on 11/11/2014 stating she was experiencing sharp shooting pain radiating from her neck to her shoulders down to her fingertips since 2011. According to the California MTUS/ACOEM Guidelines do not address assistant surgeons. According to the Official Disability Guidelines for surgery assistant, it is recommended as an option in more complex surgeries. Assistant surgeon actively assists the physician performing the surgical procedure. According to the Centers for Medicare and Medicaid Services, the listed surgical procedure which are eligible for assistant surgeons are those codes with a 1 or 2 implies. The request surgery, arthroscopy/surgery CPT code a number 2 was listed and therefore an assistant surgeon is recommended. While an assistant surgeon would be medically necessary for the proposed surgery, as a request for the primary service of the surgery is not supported by the documentation, the request for the Associated surgical service is also not supported. As such, the request for 1 assistant surgeon is not medically necessary.

Associated surgical service: 1 medical clearance to include labs(CBC, CMP, PT/PTT, Hep panel, U/A), EKG, and chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition pages 92-93

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, Preoperative testing, general.

Decision rationale: The request for Associated surgical service: 1 medical clearance to include labs (CBC, CMP, PT/PTT, Hep panel, U/A), EKG, and chest x-ray is not medically necessary. The patient presented with complaints of neck pain. The California MTUS/ACOEM Guidelines do not address medical clearance. The Official Disability Guidelines address preoperative testing in general can be helpful to stratify risk, direct anesthetic choices, and guide post-operative management. 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. EKGs are recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery. Chest x-ray is reasonable for patients for risk of pulmonary complications if the results would change the perioperative management. Routine preoperative tests are defined as those in absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest x-rays and EKGs. These tests are performed to find latent abnormalities that could impact how, when or whether the planned surgical procedure and

concomitant anesthesia are performed. The injured worker, as documented, had no history of cardiac problems or peripheral artery disease. The injured worker is scheduled for a low risk surgical procedure and the injured worker has no documentation of any history of health problems. The medical documents lack evidence of a high surgical risk, or the physical exam findings that would be indicative of preoperative lab testing. As such, the preoperative medical clearance would not be indicated. As the request for the primary service of surgery is not supported by the documentation, the request for the associated surgical service of medical clearance is also not supported. As such, the request is not medically necessary.

Associated surgical service: 12 post-op sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request for Associated surgical service:12 post-op sessions of physical therapy is not medically necessary. The injured worker presented with complaints of shoulder pain radiating to her hands. The California MTUS Guidelines that active therapy is based on a philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of his treatment processes in order to maintain improvement levels. The guidelines recommend up to 24 visits over 14 weeks for postsurgical arthroscopic treatment of impingement syndrome. The guidelines also recommend that injured workers should be formally assessed after a 6 visit clinical trial to see if the injured worker is moving in a positive direction, no direction, or a negative direction prior to continuing with physical therapy. The request for 12 postoperative sessions exceeds the recommended guidelines, therefore it would not be supported. As the request for the primary surgery is not supported by the documentation, the request for the Associated surgical service:12 post-op sessions of physical therapy is not medically necessary.

Associated surgical service: 1 post-op sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic)

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

Decision rationale: The request for Associated surgical service: 1 post-op sling is not medically necessary. The injured worker presented with complaints of neck pain and shoulder pain. The California MTUS/ACOEM Guidelines do not address postoperative slings. The Official Disability Guidelines recommend postoperative slings as an option following open repair of large and massive rotator cuffs. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus, but are not used for arthroscopic repairs. The sling abduction pillow keeps the arm in position and takes tension off of the repaired tendon. Since the surgery is arthroscopic, it would not be supported at this time. As the request for the primary

surgery is not supported by the documentation, the request for the Associated surgical service: 1 post-op sling is not medically necessary.