

Case Number:	CM15-0009115		
Date Assigned:	01/27/2015	Date of Injury:	06/26/2014
Decision Date:	04/03/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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: New York

Certification(s)/Specialty: Neurological 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:

This 50 year old male on 06/26/2014 fell off of a 9 foot roof landing feet first in the dirt . The current diagnoses include chronic, recurrent right shoulder arthralgia, T 12 burst fracture, and right ankle sprain/strain. Previous treatments include medications, physical therapy, and cortisone injection. MRI of the right shoulder dated 07/23/2014 showed subacromial bursa fluid and no evidence of rotator cuff tear or other significant abnormalities. Report dated 12/18/2014 noted that the injured worker presented with complaints that included recurrent right shoulder pain and weakness. The physician noted that he had another radiology imaging specialist review the MRI of the right shoulder that was performed on 07/23/2014. According to the new review the MRI showed a small-moderate anterolateral supraspinatus tendon tear at the insertion to the greater tuberosity, the tear is either full thickness or 90% thickness, with, at most, only a small, thin layer of intact articular surface tendon remaining. The physician noted that the injured worker had additional positive findings including moderate downsloping of the anterior acromial margin and moderate hypertrophic AC arthritis, both resulting in potential subacromial impingement, predisposing to rotator cuff disease. The PR2 of 12/18/2014 showed the patient's shoulder flexion 170 degrees, abduction 170 degrees and the external rotation at 70 degrees. The patient was taking naproxen for pain. The utilization review performed on 01/06/2015 non-certified a prescription for right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection, pre-op labs (CBC, CMP, and UA), pre-op chest x-ray, pre-op EKG, 18 post-operative physical therapy visits, and outpatient facility based

on medical necessity. The reviewer referenced the California MTUS ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211, 214. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) Indications for Surgery: Rotator cuff repair.

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-Diagnostic arthroscopy; surgery for rotator cuff repair.

Decision rationale: The ODG guidelines note that the criteria for shoulder arthroscopy should be limited to cases where imaging is inconclusive. The patient's MRI scan shows conclusive findings. The ODG guidelines for surgery for rotator cuff repair noted that functional improvement was better after open repair compared with arthroscopic debridement. On the other hand the Guidelines also did not recommend acromioplasty in conjunction with full thickness rotator cuff repair. The guidelines recommended conservative care for at least three to six months before considering surgery and the subacromial decompression is not recommended for patients who have mild symptoms and no limitations of activities. The visit of 12/18/2014 confirms the patient is in this category. Thus the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection is not medically necessary and appropriate.

Pre-op Labs to include CBC (complete blood count); CMP (Complete metabolic panel) and UA (urinalysis): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care Preoperative tests for elective surgery: evidence, methods & guidance. London (UK): National Institute for Clinical Excellence (NICE); 2003 Jun 108 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection is not medically necessary and appropriate, then - Requested Treatment: Pre-op Labs to include CBC (complete blood count); CMP (Complete metabolic panel) and UA (urinalysis) is not medically necessary and appropriate.

Decision rationale: Since the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection is not medically necessary and appropriate, then the Requested Treatment: Pre-op Labs to include CBC (complete blood count); CMP (Complete metabolic panel) and UA (urinalysis) is not medically necessary and appropriate.

Pre-op chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care Preoperative tests for elective surgery: evidence, methods & guidance. London (UK): National Institute for Clinical Excellence (NICE); 2003 Jun 108 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection is not medically necessary and appropriate, then - Requested Treatment: Pre-op chest x-ray is not medically necessary and appropriate.

Decision rationale: Since the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection is not medically necessary and appropriate, then the Requested Treatment: Pre-op chest x-ray is not medically necessary and appropriate.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery. American College of Cardiology Foundation- Medical Specialty Society and the American Heart Association- Professional Association, 1996 Mar 15 (revised 2007 Oct) 83 pages.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection is not medically necessary and appropriate, then - Requested Treatment: Pre-op EKG is not medically necessary and appropriate.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Since the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial

decompression and probable distal clavicle resection is not medically necessary and appropriate, then - Requested Treatment: Pre-op EKG is not medically necessary and appropriate.

Post-operative physical therapy visits x18: Upheld

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 Since the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection is not medically necessary and appropriate, then the Requested Treatment: Post-operative physical therapy visits 18 is not medically necessary and appropriate.

Decision rationale: Since the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection is not medically necessary and appropriate, then the Requested Treatment: Post-operative physical therapy visits x 18 is not medically necessary and appropriate.

Associated surgical services: One outpatient facility: 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 Since the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection is not medically necessary and appropriate, then the Requested Treatment: Associated surgical services: one outpatient facility is not medically necessary and appropriate.

Decision rationale: Since the requested treatment right shoulder arthroscopy and debridement with possible arthroscopic versus mini arthrotomy open rotator cuff repair preceded by arthroscopic subacromial decompression and probable distal clavicle resection is not medically necessary and appropriate, then the Requested Treatment: Associated surgical services: one outpatient facility is not medically necessary and appropriate.