

Case Number:	CM15-0140180		
Date Assigned:	07/30/2015	Date of Injury:	04/24/2014
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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: Illinois, California, Texas
 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:

This injured worker is a 55-year-old male who sustained an industrial injury on 4/24/14. Injury was reported relative to lifting a heavy pipe at work. The 3/13/15 right shoulder MRI impression documented a partial supraspinatus tendon tear and tendinosis, mild infraspinatus tendinosis with small interstitial tear, and subscapularis tendinosis. There was a partial tear of the biceps tendon, and moderate acromioclavicular (AC) degenerative changes. Conservative treatment included physical therapy, anti-inflammatory medication, activity modification, and corticosteroid injection. Records indicated that the injured worker failed to improve with physical therapy and injections sufficiently to return to work full duty. The 6/4/15 orthopedic report cited right nearly constant posterolateral, lateral, and anterior shoulder pain that was particularly increased at night. Pain had not significantly improved with conservative treatment including activity modification, physical therapy, and injection. He was working light duty. Right shoulder exam documented no AC tenderness and positive impingement signs. Range of motion was documented as 170 degrees of passive forward flexion, 120 degrees abduction, 75 degrees external rotation, and internal rotation to the flank. X-rays showed a type II acromion with no glenohumeral degenerative joint disease. MRI showed partial thickness rotator cuff tears. There was some fluid around the biceps and it might be subluxing a little bit into the partial tear of the subscapularis. Given his persistent symptoms and failed conservative treatment, he was a candidate for arthroscopy. He had some features of adhesive capsulitis which could require debridement at the time of surgery. Authorization was requested for right shoulder arthroscopic subacromial decompression and limited debridement and a pre-op EKG. The 6/23/15 utilization review non-certified the right shoulder arthroscopic subacromial decompression and limited debridement and associated pre-op EKG as there was no evidence that the injured worker had undergone conservative treatment for 3 to 6 months and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Shoulder Arthroscopic Subacromial Decompression and Limited Debridement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for Impingement syndrome; Surgery for rotator cuff repair.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for impingement syndrome and partial thickness rotator cuff repairs that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. Guideline criteria have been met. This injured worker presents with persistent right shoulder pain and functional loss that has precluded return to work full duty. Clinical exam findings were consistent with imaging evidence of plausible impingement and rotator cuff deficiency. Detailed evidence of 3 to 6 months of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

1 Pre-operative 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 - Lumbar and Thoracic (Acute & Chronic), Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle aged males have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary.