

Case Number:	CM15-0144945		
Date Assigned:	08/05/2015	Date of Injury:	04/19/2012
Decision Date:	09/15/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Montana, Oregon, Idaho

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 is a 42-year-old male with an April 19, 2012 date of injury. A progress handwritten note dated July 2, 2015 documents subjective complaints (right shoulder pain rated at a level of 8 out of 10; cervical spine pain rated at a level of 5 out of 10; left thumb pain rated at a level of 9 out of 10), objective findings (moderate tenderness of long head of biceps; snapping of right shoulder; decreased range of motion of the right shoulder), and current diagnoses (sprain and strain of the right shoulder; musculoligamentous sprain and strain of the cervical spine; sprain and strain of the left thumb). Treatments to date have included right shoulder arthroscopy, medications, magnetic resonance imaging of the right shoulder (showed posterior labral tear with repair of superior labral tear), and physical therapy. The treating physician documented a plan of care that included arthroscopic surgery of the right shoulder and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgery of the right shoulder: 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): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) labral tear surgery.

Decision rationale: CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. There is insufficient evidence from the exam note of 7/2/15 to warrant labral repair secondary to lack of physical examination findings, lack of documentation of conservative care or characterization of the type of labral tear on the MR arthrogram report from 6/23/15. Therefore, determination is for non-certification. The request is not medically necessary.

Associated surgical service: Assistant surgeon: 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 <http://www.aaos.org/about/papers/position/1120.asp>.

Decision rationale: CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. 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 function, 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." There is no indication for an assistant surgeon for a routine shoulder arthroscopy. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case, the decision for an assistant surgeon is not medically necessary and is therefore non-certified. In addition, the requested surgical procedure is not medically necessary; none of the associated services are medically necessary and appropriate.

Pre-op medical clearance: 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 <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> states that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 42 years old and does not have any evidence in the cited records from 12/10/14 of significant medical comorbidities to support a need for preoperative clearance. In addition, the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post shoulder immobilizer for purchase: 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): 212-214.

Decision rationale: According to the California MTUS guidelines, Shoulder complaints Chapter 9 pages 212-214, it is recommended to use a brief use of the sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness and cases of rotator cuff conditions, and prolonged use of the sling only for symptom control is not supported. In this case, the use of a shoulder sling would be contraindicated following right shoulder arthroscopy to prevent adhesive capsulitis. In addition, the requested surgical procedure is not medically necessary; none of the associated services are medically necessary and appropriate. The request for a sling is therefore not medically necessary and appropriate.