

<b>Case Number:</b>	CM15-0161244		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	12/13/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 59-year-old male who sustained an industrial injury on 12/13/14. Injury occurred when he was lifting a heavy mattress onto a bed, and felt a sudden sharp left shoulder pull. Conservative treatment included activity modification, physical therapy, and medications. The 2/16/15 left shoulder MRI impression documented partial thickness tears in the distal supraspinatus portion of the rotator cuff without evidence of a full thickness tear or retraction of muscle planes. There was a type II acromion barely abutting the rotator cuff. There was a cleft at the base of the superior labrum of the glenoid with no tears identified within the labrum. The 4/6/15 left shoulder MR arthrogram impression documented findings consistent with moderate rotator cuff tendinosis with thinning and fraying and possible partial thickness tearing. There was mild subacromial subdeltoid bursitis. There was degeneration with slight attenuation fraying and possible undermining of the articular margin of the superior labrum, and mild to moderate long biceps tendinosis along the rotator interval to the biceps anchor. The 4/28/15 treating physician report indicated that the injured worker had persistent left shoulder pain and weakness. A subacromial corticosteroid injection at the last visit did not provide any relief. Physical exam demonstrated positive apprehension, relocation, and tenderness all along the bicipital groove. Rotator cuff strength was diminished mostly because of discomfort. The treating physician indicated that the evolution of symptoms, mechanism of injury and examination, were consistent with a superior labrum anterior posterior tear that was symptomatic. Given the failure of conservative treatment, left shoulder arthroscopy with likely biceps tenodesis was recommended. The 7/14/15 treating physician report cited persistent left shoulder pain and weakness, despite

not working. Physical exam documented full passive range of motion of the shoulder. There were positive relocation, apprehension, and impingement signs with tenderness of the anterior structure of the shoulder. Rotator cuff power was diminished with testing of supraspinatus strength against resistance at 90 degrees of abduction. The injured worker had continued shoulder pain despite all conservative treatment and time. Authorization was requested for left shoulder arthroscopy with biceps tenodesis, and associated surgical requests for a surgical assistant, arm sling, and post-op physical therapy 2 times a week for 6 weeks. The 7/29/15 utilization review non-certified the left shoulder arthroscopy with biceps tenodesis and associated surgical requests as there was no detailed evidence of conservative treatment, no evidence of nocturnal symptoms, no documentation of relief with injection, and equivocal imaging findings of rotator cuff tear to support biceps tenodesis concomitant to rotator cuff repair.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left shoulder arthroscopy with biceps tenodesis: Overturned**

**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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for SLAP lesions.

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been met. This 59-year-old injured worker presents with persistent left shoulder pain and weakness precluding return to work. Clinical exam and history of injury are consistent with imaging evidence of plausible labral pathology. Detailed evidence of at least 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Guidelines indicate that definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Biceps tenodesis is supported for SLAP tears in patients over 50 years of age. Therefore, this request is medically necessary.

#### **Associated surgical service: Surgical assistant: Overturned**

**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 Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 29807, there is a "1" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

**Associated surgical service: Arm sling: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205 and 213.

**Decision rationale:** The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. Guideline criteria have been met. The use of a post-operative sling is generally indicated. Therefore, this request is medically necessary.

**Post-op physical therapy 2 times a week for 6 weeks, left shoulder: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for this procedure suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial

request for post-operative physical therapy and is consistent with guidelines. Therefore, this request is medically necessary.