

<b>Case Number:</b>	CM15-0186751		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: California, Oregon, Washington  
 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 42 year old male who sustained an industrial injury on 4-17-14. Please note a discrepancy in the injured worker's first name is noted involving the application for medical review and the provided medical records. The date of injury is consistent. A review of the medical records indicates he is undergoing treatment for rotator cuff syndrome, shoulder impingement syndrome, left shoulder SLAP tear with left shoulder labral tear, and left shoulder bursitis. Medical records (6-17-15 to 8-26-15) indicate ongoing complaints of left shoulder pain, rating 6-7 out of 10, on average. However, rating of pain was reduced to 5-6 out of 10 following a left shoulder subacromial steroid injection on 6-23-15. The physical exam (7-30-15) reveals a positive O'Brien's test, positive Speed's test, and positive circumduction test with crepitus of the left shoulder. The provider indicates tenderness at the subacromial space and "popping and clicking" are audible and palpable. Weakness is noted with abduction and external rotation. Diagnostic studies have included an MRI of the left shoulder on 9-22-14. The injured worker reports "mild" discomfort with overhead activities with self-care in dressing and grooming. Treatment has included ultrasound treatments, modified work duties, a steroid injection, and medications. The 8-26-15 report states he is "tolerating modified duty with Naproxen use in the morning." The treatment plan is for a left shoulder arthroscopy, SLAP repair, debridement, and subacromial decompression. The surgical procedure is requested, as well as postoperative physical therapy of 12 visits and postoperative cold therapy. The utilization review (8-25-15) indicates requests for shoulder arthroscopy surgery modification to left shoulder arthroscopy, SLAP repair, debridement, and subacromial decompression with a surgical assistant. The request for preoperative clearance with lab work and EKG was modified to preoperative clearance with lab work. The request for water circulating cold pad with pump was modified to postoperative cold therapy unit for 7-day rental only.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Shoulder Arthroscopy, Slap Repair, Debridement and Subacromial Decompression with assist Surgeon: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder section, acromioplasty surgery.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, pages 209 and 210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 7/30/15 and 8/26/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 7/30/15 and 8/26/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the request is not medically necessary.

### **Pre-Operative EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

### **Post Operative Cold Therapy Unit (E0218): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, acromioplasty surgery & Cold compression therapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the request is not medically necessary.