

Case Number:	CM15-0193943		
Date Assigned:	10/07/2015	Date of Injury:	06/25/2012
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/02/2015

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 66 year old male, who sustained an industrial injury on 6-25-12. Medical records indicate that the injured worker is undergoing treatment for rotator cuff syndrome, rotator cuff tear, superior glenoid labrum lesion, bicipital teunspecynovitis and a crushing finger injury. The injured worker was noted to be retired. On (8-21-15) the injured worker complained of worsening left shoulder pain which radiated to the neck and eye. The pain was described as a constant aching, sharp pain with numbness and tingling to the shoulder. The injured worker also reported a burning sensation in the left shoulder. Examination of the left upper extremity revealed tenderness to palpation, swelling, a 1+ effusion, spasm and coarse crepitus. Range of motion was decreased. Weakness was noted on the rotator cuff. Muscle tone revealed atrophy. An impingement test was positive. Testing was noted to be limited due to guarding and pain. Treatment and evaluation to date has included medications, MRI of the lumbar spine, electrodiagnostic studies, physical therapy, left finger surgery and left shoulder surgery on 12-26-13. Current medications include Tramadol, Lidoderm patches and Naproxen. The current retreatment request includes an open rotator cuff repair, claviclectomy, muscle transfer, capsular contracture release and arthrotomy of the glenohumeral joint of the left shoulder, assistant surgeon and post-operative physical therapy three times a week for four weeks to the left shoulder # 12. The Utilization Review documentation dated 9-29-15 non-certified the requests for an open rotator cuff repair, claviclectomy, muscle transfer, capsular contracture release and arthrotomy of the glenohumeral joint of the left shoulder, assistant surgeon and post-operative physical therapy three times a week for four weeks to the left shoulder # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open rotator cuff repair, claviclectomy, muscle transfer, capsular contracture release and arthrotomy, glenohumeral joint, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Partial Claviclectomy.

Decision rationale: Based upon the CA MTUS Shoulder Chapter. Pgs 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for post traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case the exam note from 8/21/15 and the imaging findings do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the determination is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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, Partial Claviclectomy.

Decision rationale: The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. 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 not medically necessary.

12 sessions of post op physical therapy, 3 times a week for 4 weeks, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): 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, Partial Claviclectomy.

Decision rationale: The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.