

Case Number:	CM15-0196089		
Date Assigned:	10/09/2015	Date of Injury:	10/08/2002
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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 36 year old female who sustained an industrial injury on 10-8-02. Diagnoses are noted as bilateral shoulder pain and dysfunction; more symptomatic on the right currently, bilateral shoulder impingement, bilateral shoulder acromioclavicular joint arthrosis, right shoulder partial thickness rotator cuff tear, and left shoulder rotator cuff tendinosis. In an initial evaluation and request for authorization dated 8-26-15, the physician notes current complaints of right greater than left shoulder pain, hurting at night, with reaching up overhead, and lifting and going through an arc of range of motion. Physical exam of the left shoulder notes tender acromioclavicular joint and acromial margin, flexion of 175 degrees, abduction of 175 degrees, external rotation of 80 degrees, and internal rotation of 70 degrees. There is positive Speed's and positive impingement. A left shoulder MRI is reported to show acromioclavicular joint arthrosis, downsloping anterolateral acromion, rotator cuff tendinosis. The treatment plan notes recommendation for staged bilateral shoulder arthroscopy with subacromial decompression, debridement versus repair of the rotator cuff as indicated at the time of surgery, possible distal clavicle resection and possible biceps tenotomy. Previous treatment includes acupuncture, chiropractics, physical therapy, home exercise program, medication, and steroid injections. The requested treatment of associated surgical service: post-operative physical therapy for left and right shoulder- 12 sessions, was modified to certify 12 sessions of physical therapy for the right shoulder and non-certify 12 sessions of physical therapy for the left shoulder, left shoulder arthroscopy with subacromial decompression, debridement versus repair of the rotator cuff as indicated at the time of surgery with possible distal clavicle resection and possible biceps tenotomy was non-certified, and associated

surgical service: pre-operative EKG was non-certified on 9-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post operative physical therapy for left and right shoulder, 12 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The guidelines recommend an 'initial course of therapy' to mean one half of the total number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. In this case the requested number of visits equals the recommended initial course of therapy and thus the request is medically necessary. However 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.

Left shoulder arthroscopy with subacromial decompression, debridement, versus repair of the rotator cuff as indicated at the time of surgery with possible distal clavicle resection and possible biceps tenotomy: 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 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 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 8/26/15 does not demonstrate evidence satisfying the above criteria. Therefore the request is not medically necessary.

Associated surgical service: Preoperative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing general.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 36 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary for the preoperative EKG.