

Case Number:	CM15-0032383		
Date Assigned:	02/25/2015	Date of Injury:	10/14/2013
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/20/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 43-year-old male who reported an injury on 10/14/2013. The mechanism of injury was the injured worker was picking up an urn from a coffee maker. Prior therapies included physical therapy and a steroid injection. The injured worker underwent a right shoulder arthroscopic SLAP repair and right shoulder arthroscopic subacromial decompression on 01/13/2014. The injured worker underwent an MR Arthrogram of the right shoulder on 09/18/2014, which revealed mild AC joint arthrosis with hypertrophy. The injured worker had grade 2 chondral thinning of the superior humeral head articular cartilage measuring approximately 13 mm medial to lateral. There was narrowing in the subcoracoid space, measuring 4 to 5 mm between the lesser tuberosity and coracoid process. There was mild to moderate rotator cuff tendinosis, supraspinatus and infraspinatus without tear. There was mild narrowing of the supraspinatus outlet secondary to AC joint arthrosis. There was a Request for Authorization submitted for review dated 01/26/2015. The documentation of 01/21/2015 revealed the injured worker had gone through physical therapy with no significant benefit. The physical examination revealed the injured worker had good range of motion and gross neuro that was intact with motor and sensation. The injured worker had a positive Hawkin's and a positive Speed's test. The injured worker had exquisite tenderness to palpation over the biceps tendon. The diagnosis included right shoulder SLAP repair and right shoulder biceps tenodesis. The treatment plan and discussion included the injured worker had failed all conservative management, including time, use of oral anti-inflammatories, being Aleve, extensive physical therapy, cortisone injection in the biceps tendon under ultrasound guidance, and the injured

worker had not improved long term. The request was made for a right shoulder revision arthroscopy with subacromial decompression and subpectoralis biceps tenodesis. The subsequent documentation of 02/11/2015 revealed the injured worker's surgical procedure was denied. The physical examination of the right shoulder revealed active forward flexion to 150 degrees, with a painful Arc of motion. The injured worker had internal rotation to the buttocks, and external rotation to 60 degrees. The injured worker had exquisite tenderness to palpation of the biceps tendon. The injured worker had a positive Hawkin's and a negative Neer's test. The injured worker had negative tenderness to palpation over the AC joint. The diagnoses included right shoulder subacromial decompression with biceps tendinitis in the anterior groove. The treatment plan included a subpectoralis biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder revision arthroscopy with subacromial decompression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that surgical consultation may be appropriate for injured workers who have activity limitation for more than 4 months, failure to increase range of motion and strength in the musculature around the shoulder, even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In regard to impingement syndrome, this procedure is not indicated for injured workers with mild symptoms and those who had no activity limitations. Conservative care, including cortisone injections, should be carried out for at least 3 to 6 months before considering surgery. There should be documentation of a deficit in the rotator cuff. The clinical documentation submitted for review indicated the injured worker had failed all conservative care. The injured worker had objective findings per the MRI, and per the physical examination. The injured worker had undergone ultrasound guided cortisone injections and extensive physical therapy, and had failed maximal conservative treatment. Given the above, the request for right shoulder revision arthroscopy with subacromial decompression is medically necessary.

Pre operative EKG: Upheld

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

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 Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines indicate that a preoperative electrocardiogram is recommended for injured workers undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. There was a lack of documentation indicating the patient was undergoing a high-risk surgery or that he had additional factors to support the necessity for an EKG. Given the above, the request for Pre-operative EKG is not medically necessary.

Associated surgical service: simple sling - purchase: 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): 211.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that in the acute phase, shoulder dislocations can be immobilized for up to three weeks although recommendations for immobilization for a period as short as three days have appeared in the literature. While the injured worker did not have a shoulder dislocation, the injured worker was undergoing surgery, which would support the use of a short-term sling following the biceps tenodesis. Given the above, the request for Associated surgical service: simple sling - purchase is medically necessary.

Associated surgical service: cold therapy - purchase: 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 Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines support continuous flow cryotherapy for 7 days. It is not supported for the purchase of a cold therapy unit. There was a lack of documentation of exceptional factors. Given the above, the request for Associated surgical service: cold therapy - purchase is not medically necessary.

Associated surgical service: Subpectoral biceps tenodesis of right shoulder with repairs as indicated: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Biceps Tenodesis.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that surgical consultation may be appropriate for injured workers who have activity limitation for more than 4 months, failure to increase range of motion and strength in the musculature around the shoulder, even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. They do not however, address a biceps tenodesis. As such, secondary guidelines were sought. The Official Disability Guidelines indicate a biceps tenodesis is recommended for injured workers undergoing concomitant rotator cuff repair, and they further indicate that a definitive diagnosis of a SLAP lesion is found in a diagnostic arthroscopy and the repair is carried out for a type II or at a type IV lesion. The clinical documentation submitted for review supported the need for a subacromial decompression and the decision for repair of the biceps and other repairs as necessary would be decided intra operatively. Given the above, and the lack of documentation of exceptional factors, the request for associated surgical service: subpectoral biceps tenodesis of the right shoulder with repairs as indicated is medically necessary.