

Case Number:	CM15-0034357		
Date Assigned:	03/02/2015	Date of Injury:	02/11/2014
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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: Minnesota, Florida
 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 62 year old female, who sustained an industrial injury on 2/11/14. She has reported right shoulder injury after lifting a box. The diagnoses have included tendinitis and impingement syndrome bilateral shoulders and adhesive capsulitis of the right shoulder. Treatment to date has included medication, diagnostics, injections and physical therapy without significant benefit. Currently, per the physician progress note dated 2/9/15, the injured worker complains of right shoulder pain. She returns with ongoing discomfort in the right shoulder with increased pain since last visit. The pain is constant and aching and increases with lifting. There were no alleviating factors and the pain was rated 7-8+/10 with activity. Magnetic Resonance Imaging (MRI) dated 7/8/14 revealed tendinopathy of the rotator cuff tendons without discrete tear. The X-rays of the shoulders also revealed acromioclavicular arthritis. Physical exam of the right shoulder revealed tenderness, pain with cross chest maneuver on the right, positive Neer's and Hawkins' maneuvers bilaterally, and stable shoulder on exam. Treatment was pending authorization for surgery, medications, activity as tolerated, hot and cold modalities and stretching exercises. Work was modified with restrictions 2/9/15- 3/18/15. On 2/18/15 Utilization Review modified a request for Right shoulder arthroscopy, subacromial decompression & manipulation under anesthesia (MUA) modified to certify right shoulder arthroplasty and subacromial decompression only and Post op Physical therapy daily x 2 weeks then 2 x wk x 7 wks for the right shoulder modified to certify 12 sessions of physical therapy, noting the Official Disability Guidelines (ODG) - Shoulder chapter, Manipulation under anesthesia (MUA) and the (MTUS) Medical Treatment Utilization Schedule chronic pain

Physical medicine guidelines were cited. On 2/18/15 Utilization Review non-certified a request for surgical assistant for the right shoulder surgery, noting the Official Disability Guidelines (ODG) - Surgical assistant guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, subacromial decompression & manipulation under anesthesia (MUA): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Shoulder chapter, Manipulation under anesthesia (MUA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Manipulation under anesthesia.

Decision rationale: Right shoulder arthroscopy and subacromial decompression are medically necessary and have been appropriately certified by utilization review. However, manipulation under anesthesia was non-certified by utilization review due to lack of documentation in the medical records of the same. ODG guidelines indicate manipulation under anesthesia is an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where the range of motion remains significantly restricted (abduction less than 90) manipulation under anesthesia may be considered. There is some support for manipulation under anesthesia in adhesive capsulitis based on consistent positive results from multiple studies although these studies are not high quality. The documentation does indicate the presence of adhesive capsulitis. Abduction as low as 80 degrees to a maximum of 100 degrees is documented. As such, medical necessity for manipulation under anesthesia is established. Therefore the requests for right shoulder arthroscopy, subacromial decompression, and manipulation under anesthesia are appropriate and medically necessary.

Surgical assistant for the right shoulder surgery: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons Statement of Principles.

Decision rationale: The American College of Surgeons Statement of Principles indicates that the first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions. The qualifications of the person in this role may vary with the nature of the operation, the surgical

specialty, and the type of hospital or ambulatory surgical facility. It may be necessary to utilize non-physicians as first assistants. Surgical assistants or PAs with additional surgical training should meet national standards and be credentialed by the appropriate local authority. These individuals are not authorized to operate independently. The 2013 assistant at surgery consensus of the American College of surgeons indicates that a surgical assistant is necessary sometimes in arthroscopy of the shoulder with decompression of the subacromial space with partial acromioplasty with coracoacromial ligament release and distal claviclectomy. The assistant is always needed with rotator cuff repair and biceps tenodesis. Based upon the type of procedure the medical necessity of a surgical assistant is supported.

Post op Physical therapy daily x 2 weeks then 2 x wk x 7 wks for the right shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 27.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for impingement syndrome and also for adhesive capsulitis. The initial course of therapy is 12 visits and then with documentation of continuing objective functional improvement a subsequent course of therapy of the remaining 12 visits may be prescribed. The request as stated exceeds the guideline recommendation of 12 visits. Therefore, the medical necessity of the request as stated has not been substantiated.