

Case Number:	CM15-0034487		
Date Assigned:	03/02/2015	Date of Injury:	05/23/2014
Decision Date:	04/21/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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: Illinois, California, Texas
 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 54 year old male, who sustained an industrial injury on 05/23/2014. Injury occurred relative to repetitive twisting of heavy cable while working as a lineman. The 11/17/14 right shoulder MRI impression documented low grade partial thickness subscapularis tear and tendinosis with fraying. There was no full thickness tear. There was moderate supraspinatus tendinosis with no tear, and moderate biceps tendinosis with a subtle short segment split tear within the bicipital groove. There was fraying of the anterior labrum with full thickness fissure of the anterior glenoid cartilage. There was a moderate to severe degrees of acromioclavicular (AC) joint arthrosis impressing upon the musculotendinous junction of the supraspinatus, consistent with possible impingement syndrome. Conservative treatment included anti-inflammatory medication, exercise, physical therapy, and two subacromial corticosteroid injections. The 1/13/15 physical therapy progress report indicated that the patient had completed 5 visits with no change in functional inventory scores or orthopedic testing. Pain had reduced from 5/10 to 4/10. The 2/2/15 treating physician report cited grade 5/10 right shoulder pain. He was working full duty with difficulty in overhead activities. He had failed conservative treatment, including physical therapy, injection treatment, and medication. Right shoulder exam documented near full motion with no scapular winging. There was mild weakness in elevation and impingement signs were markedly positive. MRI review noted signs of impingement with 50% tear of the undersurface of the supraspinatus. Three views of the right shoulder were obtained revealing a mild lateral overhang of the acromion and significant degenerative changes at the AC joint. The treatment plan requested arthroscopic rotator cuff repair and subacromial

decompression. The 2/10/15 utilization review non-certified the request for right shoulder arthroscopy with rotator cuff repair and subacromial decompression and the associated surgical services including assistant surgeon, shoulder brace ARC, pre-operative visit, and retrospective right shoulder x-rays (3-views). The rationale for non-certification indicated that there was no evidence that conservative treatment had failed. The 2/24/15 treating physician report appeal letter stated that the injured worker had conservative treatment for more than 6 weeks that included two subacromial injections with temporary pain relief, and failure of 7 visits of physical therapy. There were complaints of AC joint pain with shoulder elevation at 100 degrees, weakness in abduction and internal rotation, and positive impingement. Surgery was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Overturned

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 Centers for Medicare and Medicaid services Physician Fee Schedule Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 29827 and 29826, there is a 2 in the assistant surgeon column for each code. Therefore, based on the stated guideline and should this procedure be found medically necessary, this request is medically necessary.

Associated surgical service: Shoulder brace ARC 2.0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/shoulder.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The Official Disability Guidelines state that post-operative abduction

pillow slings, are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. An open massive rotator cuff repair was not planned. Guidelines generally support a standard sling for post-operative use. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Therefore, this request is not medically necessary.

Pre-Operative visit: 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 Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

Decision rationale: The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate certification for a pre-operative visit, which is typically part of the routine pre-operative process. Therefore, this request is not medically necessary.

Associated surgical service: Retro: right shoulder X-ray (3v): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/shoulder.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome.

Decision rationale: The California MTUS guidelines support both radiographs and MRI for evaluation of impingement syndrome. The Official Disability Guidelines provide specific guidelines for shoulder impingement surgery that include conventional x-rays, AP and true lateral or axillary view, and MRI, ultrasound or arthrogram showing positive findings of impingement. Given the guideline requirement for radiography evaluation of impingement syndrome as a surgical indication, this request is medically necessary.