

<b>Case Number:</b>	CM15-0051932		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 58-year-old male with a reported injury on 11/14/2014. The injury reportedly occurred while he was lifting a patient. His diagnoses were noted to include left shoulder partial rotator cuff tear with impingement externally and acromioclavicular joint degeneration. His other therapies have included activity modification, anti-inflammatory drugs, and 12 sessions of physical therapy. A left shoulder MRI, dated 11/18/2014, reported: (1) partial thickness intrasubstance tear within the distal supraspinatus tendon involving approximately 50% of the tendon thickness without tendon retraction or fatty muscular atrophy; (2) moderate grade longitudinal split tear within the long head of the biceps tendon; the tear involves predominantly the intra-articular portion as it extends into the bicipital groove; this is superimposed on mild to moderate tendinosis and mild tenosynovitis; (3) moderate acromioclavicular osteoarthritis; and (4) a SLAP type tear within the posterosuperior labrum from approximately the 11 to 12 o'clock position; the tear likely extends into the anterosuperior labrum where an associated paralabral cyst is seen, measuring 13 mm in AP dimension, 12 mm in ML dimension, and 8 mm in craniocaudal dimension. No surgical history was provided. The injured worker was evaluated on 03/12/2015 for a re-evaluation of left shoulder pain, weakness, and discomfort. The clinician indicated that the injured worker had significant functional issues with his left shoulder. Physical examination revealed guarding, a positive Neer's test, a positive Hawkins test, positive impingement signs, and positive limited motion to abduction and forward flexion of 130 degrees. The clinician's treatment plan was for a left shoulder arthroscopic decompression, debridement, and repair. A Request for Authorization form was submitted on 03/10/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection [REDACTED]:** Overturned

**Claims Administrator 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 (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 210-211.

**Decision rationale:** The request for 1 left shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection [REDACTED] is medically necessary. The injured worker continued to complain of pain. The California MTUS/ACOEM Guidelines state that for partial thickness rotator cuff tears and small full thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months and surgery is not indicated for patients with mild symptoms or those whose activities are not limited. The provided documentation indicated trial and failure of 12 sessions of physical therapy with continued functional deficit, inability to sleep on the shoulder, and difficulty with overhead activities. As such, the request for 1 left shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection [REDACTED] is medically necessary.

**12 sessions post op physical therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 27.

**Decision rationale:** The request for 12 sessions of postoperative physical therapy is medically necessary. The injured worker continued to complain of pain. The California MTUS Postsurgical Rehabilitation Guidelines support a 12 visit initial course of postoperative physical therapy following an arthroscopic intervention for rotator cuff syndrome or impingement syndrome. As such, the request for postoperative treatment is supported. Therefore, the request for 12 sessions of postoperative physical therapy is medically necessary.

**Associated surgical service: 1 medical clearance (CBC, CMP, PT/PTT, Hep Panel, U/A, EKG, Chest X-ray):** Upheld

**Claims Administrator guideline:** The Claims Administrator 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 Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic).

**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 - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general; Preoperative lab testing; Preoperative electrocardiogram (ECG).

**Decision rationale:** The request for associated surgical service: 1 medical clearance (CBC, CMP, PT/PTT, Hep panel, U/A, EKG, chest x-ray) is not medically necessary. The injured worker continued to complain of pain. The Official Disability Guidelines state that electrocardiograms are not indicated for low risk/ambulatory surgery procedures. Preoperative laboratory testing should be addressed on a case by case basis and general preoperative testing in the form of a history and physical with selective testing based on the clinician's findings would be supported. However, the request in its entirety is not supported. Therefore, the request for associated surgical service: 1 medical clearance (CBC, CMP, PT/PTT, Hep panel, U/A, EKG, chest x-ray) is not medically necessary.

**Associated surgical service: 1 post op sling [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 201-205.

**Decision rationale:** The request for associated surgical service: 1 post op sling [REDACTED] is medically necessary. The associated surgical procedure was found to be not medically necessary. The California MTUS/ACOEM Guidelines recommend brief use of a sling for severe pain with pendulum exercises to prevent stiffness and only support the use of a sling for less than 3 weeks. As the associated surgical intervention was found to be medically necessary, the request for a postoperative sling is supported. Therefore, the request for associated surgical service: 1 post op sling [REDACTED] is medically necessary.