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| Case Number: | CM15-0060757 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 05/07/2013 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/31/2015 |

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: New York

Certification(s)/Specialty: Emergency 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 55 year old female, who sustained an industrial injury on May 7, 2013. She reported a repetitive injury of the right upper extremity. The injured worker was diagnosed as having right shoulder impingement and rotator cuff tear. The IW had an MRI dated 6/28/13 that revealed a full thickness tear. The IW also has electrodiagnostic studies. Treatment to date has included home cryotherapy, physical therapy, home exercise program, nighttime ortho extension splint, and steroid injections. The IW reported several week improvement of pain following injections. On 11/1/13 the IW requested continued conservative treatments to avoid surgery. On 5/27/2014 the IW was discharged from orthopedic care with explanation that the maximum of conservative therapy had been reached and surgery was only remaining treatment recommendation. On February 10, 2015, the injured worker complains of ongoing right shoulder pain with persistent tenderness, stiffness, and weakness despite attempts at aggressive conservative management. The physical exam revealed positive impingement signs, pain at the terminal range of motion, and restricted range of motion. The treatment plan includes Pre op medical clearance, assistant surgeon, a cold therapy unit, electrical stimulation, a sling with large abduction pillow, continuous passive motion unit for home 45 days, post op physical therapy, and right shoulder arthroscopy, possible arthroscopic versus open rotator cuff repair, decompression with acromioplasty, resection of coracoacromial ligament and/or bursa as indicated Mumford procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, possible arthroscopic vs open rotator cuff repair, decompression with acromioplasty, resection of coracoacromial ligament and or bursa as indicated Mumford procedure: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: According to CA MTUS ACOEM guidelines, surgical consideration is recommended for "failure to increased ROM and strength of the musculature around the shoulder after exercise program, plus the existence of a surgical lesion." Additionally, "Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair" when looking at guidelines specific for rotator cuff tears and impingement syndrome, "For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months." The reports document extensive physical therapy and home exercise regimen for 2 years. The details of the physical therapy sessions are not included in the records. The IW has had steroid injections with relief of symptoms. Given the extensive conservative care, the documented full thickness tear on an MRI and temporary relief noted by steroid injections, the request for surgical intervention is determined to be medically necessary.

Pre op medical clearance: 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), Low Back Chapter.

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 - pre-operative clearance.

Decision rationale: CA MTUS is silent on this topic. ODG discusses pre-operative testing and medical clearance. According to ODG, preoperative testing 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. The IW does not have any medical diagnoses, conditions, or complaints documented other than those related to orthopedic considerations documented in the chart. The reviewed documents do not support medical conditions that would elevate this IW surgical risk and therefore there are no indications to support an independent premedical clearance examination and testing. The request is not medically necessary.

Associated surgical service: Cold Therapy Unit: 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), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder - continuous-flow cryotherapy.

Decision rationale: CA MTUS is silent on this topic. The ODG guideline cited above states, continuous flow cryotherapy is "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." The request does not include the duration of use for this unit. Without the specifics of the intended duration of use, the request is not medically necessary.

Associated surgical service: E-stim: 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) Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder - electrical stimulation.

Decision rationale: CA MTUS is silent on this topic. The above referenced ODG guidelines state electrical stimulation is not recommended. The guidelines cite a lack of evidence regarding efficacy of its use. Without the supporting guidelines, the request for E-stim is not medically necessary.

Associated surgical service: Sling with large abduction pillow: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder: Postoperative abduction pillow sling.

Decision rationale: CA MTUS is silent on this topic. According to the above referenced guideline, post operative abduction pillows are recommended. Specifically, the guidelines state, "Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs." The request is medically necessary

Associated surgical service: CPM Unit for home 45 days: 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), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder: continuous passive motion.

Decision rationale: CA MTUS is silent on this topic. The ODG guidelines cited above states continuous passive motion is "Not recommended after shoulder surgery or for nonsurgical treatment" with respect to rotator cuff tears. Additionally, recommendations state, "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." Without the support of guidelines, the request is not medically necessary.

Post op physical therapy: Upheld

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

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

Decision rationale: CA MTUS guidelines recommend post-operative physical therapy visits for individuals who undergo surgery for rotator cuff syndrome. Specifically, recommendations are for 24 visits over 14 weeks. This request for physical therapy treatments does not include frequency or intended number of treatments. Without these details, the request cannot be approved and is not medically necessary.

Associated surgical service: Assistant surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

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 - surgical assistant.

Decision rationale: CA MTUS is silent on this. Using the ODG guideline referenced above, assistant surgeons are, "Recommended as an option in more complex surgeries." While shoulder surgeries are not delineated specifically on complexity, there is no supporting documentation by the surgeon to suggest this procedure is anticipated to have increased complexity. Without support or explanation for the need of a surgical assistant, the request is not medically necessary.