

<b>Case Number:</b>	CM15-0080818		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 30-year-old male who sustained an industrial injury on 2/14/08. The mechanism of injury was not documented. Past surgical history was positive for right shoulder arthroscopy with subacromial decompression and labrum repair on 2/21/14. The 9/10/14 right shoulder MRI impression documented shallow partial thickness articular surface tearing of the supraspinatus and infraspinatus components of the rotator cuff. The labrum was torn with suture anchors from old anterior labral repair shown. There was partial stripping of the posterior labrum extensively from posterosuperior through posteroinferior quadrants, glenohumeral capsulitis, and subacromial bursitis. Records indicated that the injured worker had more pain and the shoulder more easily dislocated following surgery. The 11/14/14 treating physician report documented chronic recurrent dislocations of the right shoulder on a nearly daily basis for the past 6 years. He could voluntarily sublax and dislocate his shoulder. He reported a lot of pain with chronic dislocation and hypermobility which have precluded return to work. He was using a lot of pain medications. The 2/12/15 second opinion orthopedic report cited continued pain and instability of the right shoulder despite prior operative treatment. Physical exam documented anterior apprehension with a positive posterior relocation test. He had pain and apprehension with positive load and shift test. He had a positive jerk test, mildly positive O'Brien's test, 1 cm sulcus on inferior traction, and full rotator cuff strength. Imaging shoulder extensive labral tearing from the posterior superior labrum all the way down to the posterior inferior labrum. There was post-operative changes of the anterior labrum with possible anterior labral tear. There did not appear to be appreciable glenoid bone loss. The injured worker had persistent anterior, posterior, and

inferior instability of the right shoulder. The medical necessity of stabilization surgery was discussed. The 3/3/15 treating physician note indicated the injured worker had continued recurrent dislocations involving his right shoulder, multidirectional in nature. He had been seen for a second opinion and the consultant agreed that he needed to have an open repair and Laterjet repair with capsular reefing. Authorization was requested for right shoulder Laterjet and open capsular reefing, pre-operative labs (CBC, renal function panel, PT and PTT), a sling, post-op physical therapy 1 to 2 times per week for 8 weeks (16 sessions), and an assistant surgeon. The 3/30/15 utilization review non-certified the request for right shoulder Laterjet and open capsular reefing and associated symptoms as there was no documented failure of conservative treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right shoulder laterjet and open capsular reefing: 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for shoulder dislocation.

**Decision rationale:** The California MTUS guidelines state that multiple traumatic shoulder dislocations indicate the need for surgery if the shoulder has limited functional ability and if muscle strengthening fails. Surgery can be considered for all patients who are symptomatic with all overhead activities, have had two or three episodes of dislocation and instability that limited their activities between episodes. The Official Disability Guidelines provide specific criteria for shoulder dislocation surgery that includes history of multiple dislocations that inhibit activities of daily living and at least one of the following objective clinical findings: positive apprehensive findings, injury to the humeral head, or documented dislocation under anesthesia. Guideline criteria have been met. This injured worker presents with significant right shoulder pain with multiple recurrent dislocations. Pain and functional limitations preclude return to work. Clinical exam documented positive apprehension findings. Imaging documented extensive labral tearing. Reasonable conservative treatment has failed to provide sustained relief. Therefore, this request is medically necessary.

**Associated surgical services: Pre-op labs - CBC, renal function panel, PT and PTT:**  
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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met based on long-term use of non-steroidal anti-inflammatory medications and chronic opioid therapy, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

**Associated surgical services: DME - sling:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213.

**Decision rationale:** The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. Guideline criteria have been met. The use of a post-operative immobilizer is generally indicated. Therefore, this request is medically necessary.

**Associated surgical services: Post op physical therapy 1-2 x 8 for the right shoulder (16 sessions):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for shoulder dislocation suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for is medically necessary.

**Associated surgical services: Assistant surgeon:** 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), Low Back, Surgical assistant.

**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 23462, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.