

<b>Case Number:</b>	CM15-0089718		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 57-year-old male with a date of injury of 1/8/2015. Per office notes of 4/13/2015 he was complaining of pain and weakness in the left shoulder aggravated by overhead reaching, reaching behind the back, daily activities, lying on side, sleeping, and throwing. On examination range of motion of the left shoulder was as follows: Flexion external rotation internal rotation back pocket, pain throughout range of motion, impingement sign positive and shrug sign positive left supraspinatus strength 3/5 drop test positive, acromioclavicular joint tenderness and adduction test positive neurologic examination negative. The impression was large rotator cuff tear with retraction and left shoulder impingement with acromioclavicular joint arthrosis. Surgery was requested. MRI scan of the left shoulder following an arthrogram dated 3/5/2015 is reviewed. The findings included a large tear involving all of the infraspinatus tendon. The torn edge was retracted. The tear extended to the most posterior aspect of the supraspinatus portion of the cuff. Most of the supraspinatus tendon was intact. There was mild acromioclavicular joint osteoarthritis. There was a linear area of elevated signal in the superior labrum consistent with a superior labral tear. The conclusion was a large rotator cuff tear with retraction involving all of the infraspinatus portion of the cuff. Tendinopathy/partial tear extended into the more posterior aspect of the supraspinatus tendon. Unfavorable acromial morphology which may predispose to impingement. Linear superior labral tear. Mild acromioclavicular joint osteoarthritis. Physical therapy 2 times per week for 3 weeks was documented starting 1/28/15. Shoulder x-rays revealed narrowing of the acromioclavicular joint on 1/13/2015. A request was made for one left shoulder arthroscopy with repair of massive

rotator cuff tear with mesh augmentation, subacromial decompression, excision distal clavicle and related procedures; one physician's assistant; 12 post-operative physical therapy sessions; and one shoulder brace. On April 16, 2015 utilization review noncertified the surgical request using guidelines for impingement syndrome and partial thickness and small full-thickness rotator cuff tears which require 3 months of conservative therapy. The reviewer also mentioned that the tear may not be repairable and therefore was best treated non-operatively. The main reason was lack of conservative therapy for 3 months which is indicated for partial-thickness tears and small full-thickness tears. California MTUS guidelines were cited.

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

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

**1 Left shoulder arthroscopy with repair of massive rotator cuff tear with mesh augmentation, subacromial decompression, excision distal clavicle and related procedures:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines, Indication for surgery - Acromioplasty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints page(s): 209, 210, 211.

**Decision rationale:** The California MTUS guidelines indicate surgical considerations for acute rotator cuff tears in younger workers, activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The rotator cuff tear is a large tear involving the entire infraspinatus tendon and is clearly a significant tear. The injured worker is relatively young and has a clear surgical lesion for which conservative treatment has not been of benefit. The guidelines support surgical considerations for such tears. There is also imaging evidence of impingement for which arthroscopic subacromial decompression is appropriate. Conservative treatment has been tried since January 2015 and failed. As such, the request is medically necessary.

**Associated surgical service: 1 Physicians assistant:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, physicians fee schedule search.

**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 2013 Study of Physicians as Assistants at Surgery.

**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, maintained hemostasis and serve other technical functions. The procedure for which an assistant surgeon is requested is appropriate and supported by guidelines. As such, the request is medically necessary.

**Associated surgical service: 12 post op physical therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints page(s): 205.

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

**Decision rationale:** California MTUS postsurgical treatment guidelines for a rotator cuff repair recommend 24 visits over 14 weeks. The initial course of therapy is one half of these visits which is 12. Then with documentation of objective functional improvement, a subsequent course of therapy of the remaining 12 visits may be prescribed. The request as stated is for 12 visits which is medically necessary.

**Associated surgical service: 1 shoulder brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Post-operative abduction pillow sling.

**Decision rationale:** ODG guidelines recommend postoperative abduction pillow sling as an option following open repair of large and massive rotator cuff tears. The abduction pillow keeps the arm in a position that takes tension off the repaired tendon. The documentation indicates that this is a large rotator cuff tear. As such, the request is medically necessary.