MAXIMUS Federal Services

Case Number:	CM14-0137810		
Date Assigned:	09/05/2014	Date of Injury:	06/12/2013
Decision Date:	09/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40-year-old male [redacted] officer sustained an industrial injury on 6/12/13. Injury occurred while he was chasing a suspect on foot, jumped over a fence, and fell forward using his arms to break the fall. The patient underwent right shoulder extensive arthroscopic glenohumeral debridement, synovectomy, partial labral resection, and debridement of rotator cuff tear on 9/13/13. The patient did well and returned to work full duty as of 10/31/13. The patient presented on 5/15/14 with worsened symptoms. Right shoulder pain was reported 2/10 at rest and increased to 6/10 with activities and attempting to raise arm overhead. Right shoulder exam documented full range of motion. There was weakness and break away when holding the arm at 90 degrees abduction, thumb down, and trying to resist downward force on the arm. There was discomfort and guarding with attempts at lifting against resistance. Anterior shoulder tenderness increased with arm movements above shoulder level. Medications, including Motrin and Percocet, were prescribed. The patient was placed on modified duty. The 6/12/14 right shoulder MR arthrogram impression documented tendinosis and partial undersurface rotator cuff tearing and mild synovitis of the joint. There was prominent distention of the acromioclavicular joint with edema of the distal clavicle and subchondral cyst, likely degenerative in nature. The patient underwent right shoulder diagnostic and therapeutic subacromial injection on 6/26/14. The 6/24/14 AME report cited on-going pain with AC joint arthropathy and MRI findings of some subscapular and possible biceps fraying. He had negative Speed's and Yergason's tests. The AME recommended a home exercise for the right shoulder and two steroid injections into the AC joint. The patient was a candidate for Mumford procedure and possible rotator cuff repair if no relief of symptoms after a year from his index surgery. The 7/15/14 treating physician report cited excellent relief of right shoulder pain with the subacromial injection for approximately 6 hours and 50% pain reduction for one week. Shoulder pain had returned to pre-injection levels. Pain was consistently

aggravated by lifting and reaching at and above shoulder level. Right shoulder exam documented soreness over the anterolateral acromial margin. Active shoulder range of motion was symmetrical but there was right shoulder pain at mid lateral abduction with positive impingement signs. The MR arthrogram demonstrated bony hypertrophy of the distal clavicle and AC joint resulting in encroachment upon the subjacent bursal surface supraspinatus tendon. There was mild focal tendinitis and tendinosis involving the bursal surface of the subjacent supraspinatus tendon. The treatment plan recommended right shoulder diagnostic arthroscopy, debridement as needed, subacromial decompression, and possible distal clavicle resection. The 8/7/14 utilization review denied the request for shoulder surgery and associated items as 2 AC joint steroid injections and further physical therapy was recommended by the AME prior to surgical consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder subacromial decompression and possible distal resection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, Shoulder (Acute & Chronic), Surgery for Impingement Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Impingement Syndrome.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have been met. The patient with a flare-up of symptoms in early May with functional difficulty precluding continued work. Reasonable conservative treatment had been tried and had failed to provide sustained benefit. Subjective and clinical exam findings are consistent with imaging evidence of impingement. Positive diagnostic injection test is documented. Therefore, this request is medically necessary.

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.

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 Codes 29826 and 29822, 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.

Preoperative complete blood count (CBC): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.brighamandwomens.org/gms/medical/preopprotocals.aspx.

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 patient age and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Preoperative comprehensive metabolic panel (CMP): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.brighamandwomens.org/gms/medical/preopprotocals.aspx.

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 patient age and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Preoperative urine analysis (UA): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.brighamandwomens.org/gms/medical/preopprotocals.aspx.

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 patient age and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Preoperative chest x-ray: 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 ACR Appropriateness Criteria routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guideline criteria have been met. Anesthesia is being administered in a lengthy procedure involving recumbency and significant fluid exchange. Therefore, this request is medically necessary.

Preoperative electrocardiogram (EKG): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.brighamandwomens.org/gms/medical/preopprotocals.aspx.

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 state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Overweight males over 40 years have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, this request for is medically necessary.

Postoperative physical therapy to the right shoulder 2-3 times per week for 4 weeks (total of 12 sessions): Overturned

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome 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. This request for initial care is consistent with guidelines and medically necessary.