

Case Number:	CM14-0139950		
Date Assigned:	09/08/2014	Date of Injury:	07/04/2013
Decision Date:	09/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	08/28/2014

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 48-year-old male waste management driver sustained an industrial injury on 7/4/13. Injury occurred when the patient caught a 64-gallon trash can that was falling with his left hand and felt a strong pull on his left shoulder. The 8/5/13 MRI impression documented subacromial space narrowing due to prominences of the acromioclavicular (AC) joint. There was glenohumeral joint osteoarthritis and biceps tenosynovitis with a longitudinal tear that extended into a SLAP tear. There was mild posterior subluxation of the humeral head, thickening of the joint capsule with a moderate degree of synovitis, and bony remodeling of the humerus head and glenoid. The patient underwent left shoulder labral debridement, biceps tenodesis and subacromial decompression on 11/12/13. There was no change in pain following surgery. Pain remained constant moderate and was worsened with physical therapy. A post-operative steroid injection helped with pain for a couple of days. The 6/4/14 orthopedic progress report cited unchanging grade 5-7/10 left shoulder pain. Pain was increased with activity and improved with rest. Temporary pain reduction was noted with a steroid injection. Difficulty was reported with overhead work. Physical exam documented tenderness over the anterior glenohumeral joint, limited range of motion due to pain, no swelling or effusion, and pain with resisted shoulder abduction and flexion. O'Brien's test was positive and there was a lump over the biceps. A post-op MRI showed persistence of a SLAP lesion that was shown on the pre-operative MRI but was not seen at the time of surgery. There was a humeral head spur. Post-operative x-rays showed degenerative AC joint changes. The treatment plan recommended arthroscopic re-evaluation, labral repair, distal clavicle resection, and humeral head spur resection. The 8/20/14 utilization review denied the left shoulder surgery as the patient had undergone labral surgery, biceps tenodesis and subacromial decompression for known osteoarthritis and subluxation of his

glenohumeral joint without improvement and there was no independent orthopedic surgical opinion that agreed with the current surgical request.

IMR ISSUES, DECISIONS AND RATIONALES

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

APA Arthroscopy left shoulder with labrum repair distal clavicle resection and humeral head spur resection: 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) Surgery.

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 SLAP repair, Partial claviclectomy (Mumford procedure).

Decision rationale: The California MTUS guidelines state that resection of the outer clavicle is recommended for chronic disabling acromioclavicular joint pain after 3 to 6 months of conservative care. The Official Disability Guidelines state that SLAP lesions may warrant surgical treatment in patients failing 3 months of conservative treatment. Guideline criteria have been met. Subjective and clinical exam findings are consistent with imaging findings of degenerative AC joint changes and SLAP lesion. Over six months of guideline-recommended conservative treatment has failed. Significant functional limitation and inability to return to regular work is documented. Therefore, this request is medically necessary.

12 sessions of Post-Operative Physical Therapy: 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) Surgery.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement surgery and debridement 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 initial post-operative physical therapy request is consistent with guidelines. Therefore, this request is medically necessary.

Cryo 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: Shoulder (Acute & Chronic) Surgery.

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: The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery for up to 7 days, including home use. The use of a cold therapy unit would be reasonable for 7 days post-operatively, as an alternative to standard cold packs. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request for one cold therapy unit is not medically necessary.

Ultra sling: Upheld

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) Surgery.

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. The Official Disability Guidelines state that post-operative abduction pillow slings, like the Ultra Sling, are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. The patient is not undergoing an open massive rotator cuff repair. Guidelines generally support a standard sling for post-operative use. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Therefore, this request is not medically necessary.