

Case Number:	CM14-0148518		
Date Assigned:	09/18/2014	Date of Injury:	08/10/2007
Decision Date:	10/16/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/12/2014

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:

The claimant is a 56-year-old female housekeeper who injured her left shoulder on 08/10/07 while using a vacuum cleaner. The clinical record for review specific to the claimant's left shoulder included the 08/04/14 progress report noting continued complaints of pain in the left shoulder as well as numbness of the hand. Physical examination showed tenderness to palpation, 160 degrees of active range of motion in abduction and forward flexion. There was no documentation of weakness. Reviewed at the time of the assessment was an April 2009 left shoulder MRI that was documented to show undersurface tearing of the supraspinatus but no full thickness rotator cuff pathology. The diagnosis was shoulder tendinosis and acromioclavicular degenerative joint disease. The assessment documented that the claimant had failed measures including an injection, physical therapy, activity modification and work restrictions. The recommendation was made for left shoulder arthroscopy, subacromial decompression, possible rotator cuff repair, possible SLAP repair, possible open bicep tenodesis, and distal clavicle excision. There are also postoperative request of an assistant surgeon, physical therapy, an abduction sling and a cryotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with subacromial decompression, possible rotator cuff repair, possible SLAP repair, possible open biceps tendonesis, excision of distal clavicle.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: shoulder procedure Surgery for ruptured biceps tendon (at the shoulder) Not recommended except as indicated below. Nonsurgical treatment is usually all that is needed for tears in the proximal biceps tendons (biceps tendon tear at the shoulder). Surgery may be an appropriate treatment option for tears in the distal biceps tendons (biceps tendon tear at the elbow) f

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines and supported by the Official Disability Guidelines, the request for shoulder arthroscopy with subacromial decompression, possible rotator cuff repair, possible SLAP repair, possible open biceps tendons, and excision of distal clavicle criteria cannot be supported as medically necessary. The records provided for review include a magnetic resonance imaging (MRI) report of 2009, greater than five years ago, showing evidence of mild undersurface inflammatory changes of the rotator cuff. There is no documentation of interim imaging or explanation of changes in the claimant's clinical condition since the MRI was performed. While the treating physician indicates conservative care has failed, there is no formal documentation of timeframe of recent physical therapy or corticosteroid injections. ACOEM Guidelines in regards to surgery for impingement recommend three to six months of aggressive conservative measures including corticosteroid injections before proceeding with operative procedure. With no clear indication of recent conservative measures and an MRI report performed five years ago, the request for surgery in this case cannot be established.

Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 29355 to 29901) CPT® Y/N Description 29827 N Arthroscopy, shoulder, surgical; with rotator cuff repair

Decision rationale: The request for shoulder arthroscopy with subacromial decompression, possible rotator cuff repair, possible SLAP repair, possible open biceps tendons, and excision of distal clavicle criteria cannot be supported as medically necessary. Therefore, the request for an assistant surgeon is also not medically necessary.

12 Visits post op physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for shoulder arthroscopy with subacromial decompression, possible rotator cuff repair, possible SLAP repair, possible open biceps tendonesis, and excision of distal clavicle criteria cannot be supported as medically necessary. Therefore, the request for physical therapy postoperatively is also not recommended as medically necessary.

Abduction 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 (ODG), Shoulder Chapter, Immobilization

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp , 18th Edition, 2013 Updates: shoulder procedure Postoperative abduction pillow sling 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 art

Decision rationale: The request for shoulder arthroscopy with subacromial decompression, possible rotator cuff repair, possible SLAP repair, possible open biceps tendonesis, and excision of distal clavicle criteria cannot be supported as medically necessary. Therefore, the request for postoperative use of an abduction sling is also not recommended as medically necessary.

Ice machine: 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), Cervical, Shoulder, Lumbar, and Knee chapters

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339.

Decision rationale: The request for shoulder arthroscopy with subacromial decompression, possible rotator cuff repair, possible SLAP repair, possible open biceps tendonesis, and excision of distal clavicle criteria cannot be supported as medically necessary. Therefore, the request for postoperative use of a cryotherapy device is also not recommended as medically necessary.