

Case Number:	CM14-0160141		
Date Assigned:	10/03/2014	Date of Injury:	12/09/2013
Decision Date:	11/03/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/30/2014

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 is a 52 year old female with a 12/9/13 injury date. In a 9/9/14 follow-up, subjective complaints included worsening left shoulder pain. Objective findings included tenderness over the mid-shaft clavicle where there is a small superficial nodule about 1 cm in size, left shoulder flexion to 130 degrees, abduction to 130 degrees, external rotation to 30 degrees, normal strength, no instability, positive impingement signs, positive Speed's, and positive O'Briens. A left shoulder MRI on 8/13/14 showed significant subacromial bursal fluid. A left clavicle MRI on 8/28/14 showed edema around the clavicle but no obvious mass or lesion. Left shoulder x-rays were normal. Diagnostic impression: left shoulder impingement syndrome, left shoulder biceps tendonitis, left shoulder adhesive capsulitis, left clavicle superficial mass. Treatment to date: physical therapy (5 months), cortisone injections, medications. A UR decision on 9/19/14 denied the request for left shoulder manipulation under anesthesia, arthroscopy, and excisional biopsy of left clavicle mass. There was no rationale provided in the documentation. The requests for pre-op medical clearance, post-op physical therapy, and cold therapy unit were denied because the surgical procedure was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder manipulation under anesthesia, arthroscopy with capsular release, decompression, possible biceps tenotomy versus tenodesis, repair of structures as indicted, and excisional biopsy left clavicle mass: Upheld

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 Chapters--Manipulation under anesthesia, Surgery for adhesive capsulitis, Surgery for impingement syndrome. Other Medical Treatment Guideline or Medical Evidence: Rougraff BT, Aboulafia A, Biermann JS, Healy J. Biopsy of soft tissue masses: evidence-based medicine for the musculoskeletal tumor society. Clin Orthop Relat Res. Nov 2009; 467(11): 2783-2791.

Decision rationale: CA MTUS and ODG criteria for manipulation under anesthesia include adhesive capsulitis refractory to conservative therapy lasting at least 3-6 months where abduction remains less than 90. CA MTUS and ODG criteria for arthroscopic release of shoulder adhesions include cases of adhesive capsulitis with failure of conservative treatment (physical therapy and NSAIDs). CA MTUS and ODG state that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. CA MTUS states that ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, but is not necessary for function. The article by Rougraff BT et al states that a biopsy is indicated whenever a mass has biologic activity and further surgical or medical treatment will be based on that result. Because many musculoskeletal lesions are inactive processes, many lesions do not require a biopsy or treatment. (a) Soft tissue masses larger than 3 cm are more likely to require biopsy. Masses that are actively growing or symptomatic are lesions that may require biopsy. (b) A soft tissue "hematoma" that is not associated with trauma, has no history of ecchymosis, and is increasing in size or symptoms may require biopsy. Suspected hematomas that do not resolve over time may need a biopsy. However, in regard to left shoulder manipulation and arthroscopic capsular release, there is no evidence in the documentation that the patient has had appropriate conservative treatment for frozen shoulder. The extent and duration of any prior physical therapy directed towards frozen shoulder, as well as the result of the treatment, is not clear. In addition, there is reference to a previous cortisone injection, but it is not clear if the injection was placed into the glenohumeral joint, which would be appropriate for frozen shoulder, or what the result was or when it was given. In regard to the request for decompression, again it is not clear if any previous cortisone injections were given in the subacromial space, which would be appropriate for impingement syndrome. In addition, the documentation shows consistent concurrent diagnoses of frozen shoulder and impingement syndrome, which is quite rare. When there is a diagnosis of frozen shoulder, other findings on exam, such as impingement signs, should be viewed with skepticism, and the treatment should be aimed primarily at resolving the the frozen shoulder. In regard to the request for biceps tenotomy/tenodesis, there is no evidence on MRI of significant biceps tendon pathology. In addition, the physical exam findings most support a diagnosis of frozen shoulder. In addition, frozen shoulder should be treated until there is full resolution before considering and treating other suspected diagnoses. In regard to the request for left clavicle excisional biopsy, there is no evidence that the subcutaneous mass is related to the patient's injury, and there is no finding of a mass on the left clavicle MRI. In addition, the referenced article by Rougraff BT suggests that masses larger than 3 cm should be considered for biopsy, and the patient's mass is about 1 cm. When taken altogether, the medical necessity of the requested procedures is not established. Therefore, the requests for Left shoulder manipulation under anesthesia, arthroscopy with capsular release, decompression, possible biceps tenotomy versus

tenodesis, repair of structures as indicted, and excisional biopsy left clavicle mass, are not medically necessary.

Pre-operative medical clearance: Upheld

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 Official Disability Guidelines (ODG): ODG (Low Back

- Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing). Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, in this case the request does not apply because the surgical procedures were not certified. Therefore, the request for pre-operative medical clearance is not medically necessary.

Post-op physical therapy, left shoulder 1x16: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS states that 24 physical therapy sessions over 14 weeks is acceptable after lysis of adhesions for adhesive capsulitis of the shoulder. However, in this case the request does not apply because the surgical procedures were not certified. Therefore, the request for Post-op physical therapy, left shoulder 1x16 is not medically necessary.

Cold therapy unit (rental or purchase): Upheld

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 Official Disability Guidelines (ODG): Knee and Leg Chapter--Continuous-flow cryotherapy.

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, a 7-day rental of a cold therapy unit after surgery would be appropriate. However, the request does not apply because the surgical procedures were not certified. Therefore, the request for Cold therapy unit (rental or purchase) is not medically necessary.