Case Number:	CM14-0163309		
Date Assigned:	10/08/2014	**Date of Injury:**	05/21/2014
Decision Date:	11/07/2014	**UR Denial Date:**	09/24/2014
Priority:	Standard	**Application Received:**	10/03/2014

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 Indiana. 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 injured worker is a 58-year-old male who has a date of injury of 5/21/14 in which he felt a pop in his left shoulder lifting a heavy box overhead. Conservative treatment included PT and Anaprox. And MRI of the left shoulder dated 8/1/14 revealed a partial articular surface tear at the anterior supraspinatus footprint with no full thickness tear but superimposed on a background of mild-to-moderate tendinosis; mild-to-moderate infraspinatus tendinosis; mild intra-articular biceps tendinosis, mild fraying of the superior 12 o'clock labrum; mild glenohumeral osteoarthosis with trace joint effusion; and mild-to-moderate ac arthrosis. The worker complained of clicking and popping with rotational movements and temporary improvement in symptoms with a left shoulder injection. The worker had restricted ROM of the shoulder with 150 degrees of flexion, 140 degrees of abduction with positive Hawkin's, impingement, and circumduction tests. Strength was 5/5. The worker has undergone a previous left shoulder arthroscopy. The treating physician is requested authorization for a left shoulder arthroscopy with SLAP repair, decompression, pre-operative medical consultation, pre-operative laboratories and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with SLAP repair, left shoulder, per 9/5/14 form quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery- for rotator cuff repair

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: ACOEM V.3, Shoulder > Specific Disorders > Labral Tears

Decision rationale: According to the ACOEM V.3 Shoulder Guidelines for SLAP lesions and labral tears, the presence of a labral tear does not in and of itself necessitate surgery. Labral tears are often identified at surgery concurrently with other pathology such as rotator cuff tears, acromial spurring, and glenohumeral arthritis. In many of these cases, especially with advancing age, the labral tear may be irrelevant to the patient's condition and not require specific treatment. For example, if a patient's clinical evaluation is consistent with rotator cuff tear, an incidental labral tear does not need to be fixed (except perhaps in younger patients) and if it is fixed there is a greater chance that the patient will have post-operative stiffness. Non-operative treatment has been widely used for labral tears. Surgical repair will not improve the clinical outcome if the labral tear is not the cause of the problem. Most individuals over age 40 do not appear to require surgical repair, although a minority that fail to either resolve or trend towards resolution may need operative repair. There are no quality trials comparing non-operative with operative management of labral and SLAP tears. Based on these guidelines, with the injured worker over 40, the labral tear (fraying of the superior labrum) being an incidental finding to the other pathology in the left shoulder seen on MRI of the shoulder, and there being no quality trials comparing non-operative with operative management of labral and SLAP tears, the requested treatment for arthroscopy with SLAP of the left shoulder is not medically necessary.

Arthroscopy with decompression, left shoulder quantity 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Arthroplasty (shoulder)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: According to the CA MTUS ACOEM Guidelines for the shoulder and rotator cuff tears, Rotator cuff tears are frequently partial-thickness or smaller full thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The preferred procedure is usually arthroscopic decompression, which involves debridement of inflamed tissue, burring of the anterior acromion, lysis and, sometimes, removal of the Coracoacromial ligament, and possibly removal of the outer clavicle.The injured worker has received over 3 months of conservative treatment with physical therapy and NSAIDs and has MRI scan findings and physical examination findings consistent with impingement syndrome of the left shoulder and rotator cuff tears. For this reason, the ACOEM guidelines for recommendation for arthroscopic shoulder decompression have been met and the requested treatment is medically necessary.

Pre-Operative medical consultation quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelinesgov/content, Preoperative evaluations, Bloomington (MN); Institute for Clinical Systems Improvement (IcsI 2012 Jul 61 p. 36 references,

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: AHA/ACC 2014 Guidelines for Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Non-Cardiovascular Surgery

Decision rationale: The injured worker has had a complete history obtained on 7/1/14 that related that the worker does not smoke or drink, and has no significant past medical history, social history, or cardiac history that would require a pre-operative medical evaluation by an internist. In addition, shoulder arthroscopy is an endoscopic surgery that has < 1% cardiovascular risk. For this reason, the requested pre-operative medical consultation is not medically necessary.

Pre-Operative Laboratories, quantity 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Lab Testing

Decision rationale: The ODG recommendations for preoperative lab testing located in the low back section are as follows: Criteria for Preoperative lab testing: - Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material.- Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure.- Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus.- In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management.- A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated.- Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants.Since the injured worker has been on chronic NSAID therapy, this could affect the worker's renal function and could increase the risk of anemia. For these reasons, and because of the worker's age, the request for preoperative lab testing is medically necessary.

Post-Operative Physical Therapy, frequency and duration unspecified, left shoulder, quantity 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: According to the CA MTUS Post-Surgical Treatment Guidelines for the shoulder, post-operative physical therapy is recommended as follows:Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):Postsurgical treatment, arthroscopic: 24 visits over 14 weeks*Postsurgical physical medicine treatment period: 6 monthsPostsurgical treatment, open: 30 visits over 18 weeks*Postsurgical physical medicine treatment period: 6 monthsSprained shoulder; rotator cuff (ICD9 840; 840.4):Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks*Postsurgical physical medicine treatment period: 6 months Since the treating physician has not specified a specific number of physical therapy visits post-operatively and has left it open-ended, the requested post-operative physical therapy is not medically necessary.