

<b>Case Number:</b>	CM14-0210214		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56 year old female who got injured on 11/1/2012. She does not report a specific injury but appears to have cumulative trauma from working on industrial sewing machines which involve repetitive arm and hand movements, simple and forceful grasping, torqueing motions and fine finger manipulation. Per the AME's report she has had MRI's of both shoulder and surgery of both shoulders was recommended. She did receive a cortisone injection in her right shoulder with a little relief, she has had acupuncture which was reported to have helped her symptoms, she also reports that her shoulder problems limit her activities of daily living including, washing her hair, putting on her top and essentially dressing herself. Her shoulder problems are also affecting her sleep as she is unable to sleep on either shoulder. MRI of the left shoulder dated 8/14/2013 demonstrated tendinosis of the rotator cuff with a partial tear beneath the acromion with a 3mm gap between the torn fragments and fluid in the subdeltoid space, Effacement of the subacrominal fat secondary to angulation of the acromion (impingement) tendinosis and edema of the insertion of the rotator cuff. On 10/27/2014 she was seen by her treating physician for bilateral shoulder pain, right shoulder was improving but the left remained bothersome with a pain level of 6-8/10. Her left shoulder range of motion exam revealed flexion of 150 degrees, extension 40 degrees, abduction 10 degrees, adduction 45 degrees, internal rotation 60 degrees, external rotation 60 degrees with a positive impingement test. Her diagnoses include but are not limited to left shoulder strain/sprain impingement, tendinitis. She also has cervical and thoracic spine strain/strain, bilateral elbow and wrist strain/sprain. She is status post right shoulder arthroscopic surgery, rotator cuff repair 6/28/2014.

The request is for Left shoulder scope arthroscopic surgery with subacromial decompression:  
**ASSOCIATED SURGICAL SERVICES:** Internal medicine evaluation for surgical clearance, Hot/ Cold Contrast Unit, Abduction sling, Physical therapy 2 times a week for 6 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left shoulder scope arthroscopic surgery with subacromial decompression:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery Chapter, Surgery for Impingement Syndrome ODG, Indications for Surgery, Acromioplasty

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

**Decision rationale:** Per the MTUS rotator cuff repair is indicated for significant tears and for partial thickness tears presenting primarily as impingement if conservative therapy has failed for 3 months, especially if the patients activities are limited. A review of the medical records indicate limitation with various aspects of her ADL's due to her shoulder problems even post right shoulder rotator cuff repair, She has had conservative therapy for more than 3 months and would benefit from Left shoulder scope arthroscopic surgery with sub-acromial decompression.

**ASSOCIATED SURGICAL SERVICES: Internal medicine evaluation for surgical 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), low back, lumbar and thoracic, preoperative testing, general.

**Decision rationale:** The MTUS does not specifically address the issue of preoperative testing therefore other guidelines were consulted Per the ODG, Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations 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 those 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. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown. (AHRQ, 2013) A review of the injured workers medical records does not reveal any active comorbidities other than additional musculoskeletal issues and therefore the referral to internist for preoperative clearance does not appear to be medically necessary.

**ASSOCIATED SURGICAL SERVICES: Hot/ Cold Contrast Unit: 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 Official Disability Guidelines (ODG) shoulder (acute and chronic), continuous flow cryotherapy.

**Decision rationale:** The MTUS did not specifically address the use of a hot/cold contrast unit therefore other guidelines were consulted. Per the ODG continuous flow cryotherapy is recommended as an option after surgery, Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker will be getting arthroscopic rotator cuff repair surgery and therefore the request for hot/cold contrast unit would be medically necessary.

**ASSOCIATED SURGICAL SERVICES: Abduction sling: 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) shoulder (acute and chronic), sling/abduction pillow.

**Decision rationale:** The MTUS did not specifically address the issue of an abduction sling following arthroscopic shoulder surgery and therefore other guidelines were consulted. Per the ODG sling/abduction pillow is 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 arthroscopic repairs. Based on this guideline the request for abduction sling is not medically necessary.

**ASSOCIATED SURGICAL SERVICES: Physical therapy 2 times a week for 6 weeks:**  
Overturned

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

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

**Decision rationale:** Per the Postsurgical treatment guidelines postsurgical physical therapy is recommended. For arthroscopic surgery of the rotator cuff/ impingement syndrome, 24 visits over 14 weeks, postsurgical medicine treatment period is 6 months. The injured worker will be getting arthroscopic rotator cuff repair surgery and therefore the request for Physical therapy 2 times a week for 6 weeks is medically necessary.