

Case Number:	CM15-0000456		
Date Assigned:	01/12/2015	Date of Injury:	08/30/2013
Decision Date:	03/16/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/02/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

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 female suffered an industrial injury on 8/13/13 when she fell backward and caught herself with her left upper extremity. She developed ongoing left shoulder pain. Treatment included a cortisone injection, physical therapy, activity modification and medications. The injured worker reported that the cortisone injection provided only very temporary relief. Physical therapy provided no relief. MRI of the left shoulder (11/19/13) showed a normal rotator cuff degenerative changes to the acromial joint resulting in a predisposition and increased risk of bursal surface narrowing on the supraspinatus outlet. In a PR-2 dated 11/21/14, the injured worker complained of ongoing left shoulder pain with numbness in the left wrist. Pain was 8/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation over the left acromial joint as well as positive crossed arm sign and impingement sign on the left. Current diagnoses included left shoulder impingement syndrome, acromial joint arthritis, triangular fibrocartilage tear and left dorsal radial carpal ligament tear. Work status was temporary partial disability with modified duty limiting heavy lifting, pulling or pushing of the left arm as well as no work at shoulder level or overhead. The treatment plan included left shoulder arthroscopy with acromioplasty and distal clavicle resection, assistant surgeon, cold therapy unit, shoulder sling, postoperative physiotherapy three times a week for six weeks, preoperative medical clearance and chest x-ray. On 12/4/14, Utilization Review issued a modified certification for a request for 18 physical therapy sessions, cold therapy unit, shoulder sling, pre-op medical clearance, assistant surgeon, left shoulder arthroscopy, acromioplasty and distal clavicle resection to left shoulder arthroscopy,

acromioplasty and distal clavicle resection, surgical assistant, chest x-ray, pre-op medical clearance, 12 physical therapy sessions, cold therapy unit, 7 day rental, citing CA MTUS, ACOEM and ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: 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 American Association Orthopaedic Surgeons Position Statement Reimbursement of First Assistant of Surgery

Decision rationale: Neither the California MTUS or the ODG guidelines cover the medical necessity of assistant surgeons. The position statement on the other hand notes the first assistant should be trained to actively assist the surgeon. It notes the role varies considerably with the operation. The requested arthroscopic operation is relatively uncomplicated and blood loss should be minimal. Documentation is not supplied as to how an assistant surgeon's presence is mandatory.

Shoulder 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 Shoulder Chapter-Post-operative pillow sling

Decision rationale: When an open repair is for large and massive rotator cuff injuries, then an abduction sling is recommended according to ODG guidelines. It is not recommended for arthroscopic repairs. ODG guidelines point out early mobilization is recommended to prevent adhesive capsulitis. Since the injured worker's requested operation is an arthroscopy with acromioplasty and distal clavicle resection a sling would not be necessary.

Cold therapy unit: 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 Shoulder Chapter-Continuous-flow cryotherapy

Decision rationale: Continuous flow cryotherapy is recommended with postoperative use generally up to seven days according to the ODG Guidelines. The RA did not include a restriction in time use. Thus guidelines are not met and the request is not medically necessary or appropriate.

18 physical therapy sessions: 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 Shoulder-physical therapy.

Decision rationale: According to ODG guidelines postoperative physical therapy for rotator cuff syndrome/Impingement syndrome is advised up to 24 visits over fourteen weeks. The request for 18 visits in six weeks exceeds the guidelines. Thus this request does not meet guidelines and is medically not necessary or appropriate.