

Case Number:	CM15-0011430		
Date Assigned:	01/27/2015	Date of Injury:	05/25/2010
Decision Date:	03/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 60-year-old female, who sustained an industrial injury on 5/25/10. Injury occurred while she was moving a fixture with a few hundred garments on it. The wheels of the fixture got stuck and she pushed and pulled hard trying to get it to move. She was diagnosed with a right rotator cuff tear with mild to moderate acromioclavicular degeneration. She underwent arthroscopic subacromial decompression and Mumford procedure on 8/11/11, with no improvement in periscapular pain. The 12/13/12 right scapular MRI demonstrated no evidence of acute right scapula fracture, and the 12/14/12 right shoulder MRI impression documented supraspinatus tendinopathy without discrete tear. Prior conservative treatment included multiple courses of physical therapy, acupuncture, and corticosteroid injection without improvement in symptoms. The 6/20/13 initial orthopedic report cited constant right shoulder blade pain with periscapular catching and popping when reaching in scaption. She had night pain and numbness and tingling along her shoulder blade and down her back. She reported loss of motion and weakness of the right upper extremity. Symptoms were increased by lying on the left side, and by lifting, pushing and writing. Symptoms are improved by ice, activity restriction, and pain medication. On observation, the right scapula was depressed and laterally translated, and internally rotated as was the left shoulder in normal standing posture. Physical exam demonstrated marked scapular dyskinesis more on eccentric than concentric function of the scapular stabilization in both abduction and forward flexion. There was increased lateral scapular slide, and painful arc of motion with pain at extreme elevation. Scapular assistance test was positive. There was medial scapular border pain with crossover and Whipple test. There was

exquisite tenderness over the rhomboid major and minor attachments to the medial scapular border. There was no instability. The diagnosis was probable right rhomboid major detachment. The 12/11/14 treating physician reconsideration letter stated that there was no means of imaging this diagnosis or documenting it with electrodiagnostic testing. Objective findings had been reported on a consistent basis and were consistent with the history of injury. The patient had exquisite tenderness on palpation of the medial border of the scapula and limited range of motion which was completely correctable by passive positioning (i.e. holding it in place). The diagnosis was rhomboid detachment. Reattachment of the rhomboid would be of significant long-term benefit. She was unable to perform full duty work, and had significant work restrictions. The proposed 8-week post-surgical rehabilitation protocol was outlined. On 12/22/2014, Utilization Review non-certified a request for open right rhomboid reattachment surgery, assistant surgeon, medical/surgical clearance, pre-operative diagnostic testing: CMP (comprehensive metabolic panel), CBC (complete blood count), UA (urinalysis), EKG (electrocardiogram), CXR (chest x-ray), associated surgical service: external abduction brace and 32 post-operative physical therapy sessions. The rationale indicated that there was no objective test demonstrate of a surgical lesion. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open right rhomboid reattachment surgery: 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 Kibler WB, Sciascia A, Uhl T. Medial scapular muscle detachment: clinical presentation and surgical treatment. *J Shoulder Elbow Surg.* 2014 Jan;23(1):58-67. doi: 10.1016/j.jse.2013.05.008. Epub 2013 Jul 16.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations relative to rhomboid reattachment surgery. Peer reviewed literature supports that scapular muscle detachment appears to be a clinically identifiable syndrome with a homogeneous set of history and physical findings. Surgical treatment can significantly reduce pain and improve functional outcomes. This patient appears to potentially be an appropriate candidate for this surgical reattachment procedure. She presents with significant on-going medial scapular border pain and functional impairment. History and clinical exam findings are plausibly consistent with medical literature criteria for this procedure. Literature does not support the need for additional imaging. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Surgical/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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative laboratory testing: CMP (comprehensive metabolic panel), CBC (complete blood count), UA (urinalysis): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative EKG (electrocardiogram): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative CXR (chest x-ray): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: external abduction brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative physical therapy, quantity: 32 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.