

<b>Case Number:</b>	CM15-0110855		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 57-year-old male who sustained a work related injury on 1/28/15. Injury occurred when he was tying up chicken cages and a forklift lifted the cage he was working on. This pulled his right shoulder up and he felt a pop with onset of pain. Past medical history was positive for diabetes. The 2/12/15 right shoulder MRI impression documented a full thickness right supraspinatus tear with retraction and mild atrophy of the supraspinatus muscle. There was a moderate right sided subscapularis partial tear and severe tendinosis of the proximal long head of the biceps tendon. There was moderate tendinosis of the infraspinatus tendon. There was moderate to severe right acromioclavicular (AC) joint osteoarthritis with type 3 acromion with a 6 mm subacromial spur projecting from the inferior surface of the acromion and thickening of the coracoacromial ligament, increasing the risk of subacromial impingement. There was a small amount of fluid in the right subacromial/subdeltoid bursa, and small glenohumeral joint effusion. The 5/19/15 orthopedic report cited persistent constant moderate right shoulder pain radiating to the upper arm. Pain was aggravated by overhead activities, reaching behind his back, and outreaching activities. He had been working modified duty and taking medication. Physical exam documented tenderness over the anterolateral acromion, rotator cuff strength was normal but painful, and impingement signs and cross body tests were positive. Range of motion was reported normal but painful. X-rays showed a type 2-3 acromion with AC joint space narrowing. MRI documented supraspinatus tendinosis with probable anterior attachment tear, long head biceps tendinosis, and subscapularis tendinosis. The diagnosis was right shoulder pain, rotator cuff tear, long head biceps tendinosis, and AC joint arthropathy. Authorization was requested for

right shoulder arthroscopy, distal clavicle resection, rotator cuff repair, and possible biceps tenotomy versus tenodesis, post-op physical therapy 15 visits, post-op continuous passive motion (CPM) x 2 weeks, and PA assistant. The 5/28/15 utilization review non-certified the right shoulder arthroscopy, distal clavicle resection, rotator cuff repair, and possible biceps tenotomy versus tenodesis with associated surgical requests as there was no imaging study provided to establish pathology and no documentation that the injured worker had completed a full course of conservative management, including physical therapy and corticosteroid injection.

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

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

**Right shoulder Arthroscopy, DCR, RCR, possible bicep tenotomy vs tenodesis:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**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: Surgery for Impingement syndrome; Surgery for rotator cuff repair; Partial claviclectomy; Biceps tenodesis.

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Biceps tenotomy or tenodesis is not supported as a standalone procedure but may be included with a concomitant rotator cuff repair. Guideline criteria have been met. This injured worker presents with persistent and function-limiting right shoulder pain. Clinical exam findings are consistent with imaging evidence of full thickness rotator cuff tear with retraction and atrophy, and AC joint pathology with plausible impingement. Reasonable conservative treatment including medications and activity alteration is documented. Therefore, this request is medically necessary.

**Physical Therapy 2 times 8 (15 visits):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for is medically necessary.

**CPM post surgery times 2, purchase right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder chapter, continuous passive motion (CMP).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous passive motion (CPM).

**Decision rationale:** The California MTUS does not provide recommendations for continuous passive motion (CPM) following shoulder surgery. The Official Disability Guidelines state that CPM is not recommended for shoulder rotator cuff problems or after shoulder surgery, except in cases of adhesive capsulitis. Guideline criteria have not been met. There is no current evidence that this patient has adhesive capsulitis. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. Therefore, this request is not medically necessary.

**PA assistant:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation files.medical.ca.gov/pubsdoco/publications/master-mtp/part2/surgmuscu.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT codes 29827, 29826, and 29284, there is a '2' in the assistant surgeon column for each code. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.