

Case Number:	CM15-0114509		
Date Assigned:	06/25/2015	Date of Injury:	02/15/2012
Decision Date:	08/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: Minnesota, Florida
 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 38-year-old female with a history of right shoulder pain for two years. Primary treating physician's progress report dated 1/16/2015 indicates evidence of a positive impingement sign on examination and cross body, adduction test was also positive. There was tenderness over the upper trapezius muscle. MRI of the right shoulder dated 2/9/2015 revealed mild rotator cuff tendinosis with moderate to severe synovitis within the axillary pouch; localized synovial thickening with fluid at the anterior subscapularis was noted. Truncation of the free edge of the superior labrum representing superior labrum degeneration was noted. Mild to moderate acromioclavicular joint arthrosis with edema and mild hypertrophy were noted. The primary treating physician's progress report dated 2/24/2015 indicates that the claimant was complaining of shoulder pain. Flexion and abduction was 165°. Impingement sign was positive. The progress report dated 4/27/2015 indicates continuing shoulder pain. There was minimal restricted range of motion noted. Positive tenderness over the upper trapezius. Mildly positive impingement sign was noted. The provider stated that the claimant has a documented partial thickness tear of the supraspinatus tendon. Utilization review modified the request for surgery to approval of arthroscopy, labral repair, subacromial decompression, preoperative labs, and rental of cold therapy unit for 7 days, and postoperative physical therapy. A postoperative note dated June 16, 2015 indicates that the injured worker was 6 days status post right rotator cuff repair. She had a high-grade partial thickness supraspinatus insertional tear. She also underwent a subacromial decompression and arthroscopic synovial debridement. There is no documentation of a labral repair. The operative report dated June 9, 2015 documents a high-grade partial-

thickness articular sided supraspinatus insertional tear and synovial reaction of the anterior capsule but no evidence of a labral tear. An anterior inferior subacromial spur was present. The procedure included arthroscopy with repair of the partial thickness rotator cuff tear, arthroscopic subacromial decompression and arthroscopic glenohumeral joint debridement involving the synovium only. The MRI scan of the right shoulder dated 2/9/2015 revealed mild rotator cuff tendinosis but no tear there was truncation of the free edge of the superior labrum. Degeneration was suspected. Mild to moderate AC joint arthrosis with edema across the acromioclavicular joint and only mild hypertrophy was noted. The disputed requests pertain to modified surgery request, cold therapy, pre-operative clearance, and pillow sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: California MTUS guidelines indicate rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial-thickness or small full-thickness tears. For partial-thickness rotator cuff tears and small full-thickness rotator cuff tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 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 lateral clavicle. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. The guidelines do not recommend repair of partial-thickness rotator cuff tears or small full-thickness tears and indicate that the treatment is subacromial decompression. As such, the medical necessity of the repair of a partial-thickness tear is not supported by CA MTUS guidelines.

Pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back. Topic: Pre-operative testing, general.

Decision rationale: ODG guidelines indicate that for the purposes of determining fitness for anesthesia and identifying patients at high risk of postoperative complications, a detailed history and physical examination should be performed with selective testing based on the clinician's

findings. Consultations are encouraged in the presence of comorbidities. However, in this case no comorbidities have been documented. As such, a history and physical examination performed by the attending physician as part of the global surgery fee is appropriate. Therefore, the medical necessity of preoperative clearance is not established.

Associated surgical service: Cold therapy unit purchase: 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, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after shoulder surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. As such, rental for 7 days is appropriate. However, the request for purchase of the unit is not supported and the medical necessity of the request has not been substantiated.

Associated surgical service: Immobilizer sling with pillow: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Abduction pillow sling.

Decision rationale: ODG guidelines recommend abduction pillow sling as an option following open repair of large and massive rotator cuff tears. It takes the tension off the repair. Abduction pillow slings are not used for arthroscopic repairs. In this case, there was a partial-thickness rotator cuff tear. As such, the request for an abduction pillow sling is not supported and the medical necessity of the request has not been substantiated.