

Case Number:	CM15-0090798		
Date Assigned:	05/15/2015	Date of Injury:	02/03/2015
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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 43-year-old male who sustained an industrial injury on 2/03/15. Injury was sustained when he was lifting a box overhead and felt a sharp pain in his right shoulder. The 2/19/15 treating physician report cited grade 6/10 sharp right shoulder pain that was keeping him up at night. Active shoulder abduction was 70 degrees, painful arm rotation in extension, and unable to perform internal rotation or reach overhead due to pain. Positive Hawkin's sign. MRI was ordered. The 3/24/15 right shoulder MRI impression documented supraspinatus tendinosis with evidence of low-grade intrasubstance injuries posteriorly; subscapularis tendinosis with fraying of insertional fibers was likewise suggested. Glenohumeral joint degenerative change with evidence of SLAP lesion and paralabral cyst was present at the 10 o'clock position. There was acromioclavicular (AC) joint osteoarthritis and an anteriorly down sloping acromion abutting the cuff with trace subacromial-subdeltoid bursal fluid. There is mild posterior positioning with subluxation of the humeral head relative to the glenoid. The 3/31/15 treating physician report indicated the injured worker completed 6 visits of physical therapy and it did not help. He had persistent grade 5-6/10 right shoulder pain with extremely painful arc of motion. Range of motion was reported as full. The 4/20/15 initial orthopedic surgery report cited constant right shoulder pain with limited range of motion. Pain was grade 2-3/10 at rest and increased to grade 5-6/10 with certain activity. Pain was increasing and not improving with conservative treatment. Conservative treatment had included physical therapy, exercises, oral anti-inflammatory, rest, and activity modification. The injured worker declined an injection. The diagnosis included right shoulder SLAP tear, paralabral cyst, chronic right shoulder subacromial

impingement syndrome, probable partial rotator cuff tear, and symptomatic right shoulder AC osteoarthritis. Work status was modified duty. The injured worker declined an injection. Authorization was requested for right shoulder arthroscopic debridement, decompression, distal clavicle excision, and possible labral tear or biceps tenodesis with associated surgical services: outpatient post-operative physical therapy 2 times per week for 6 weeks, Percocet 5/325 mg #30, post-operative brace, and cold therapy unit. The 4/30/15 utilization review non-certified the right shoulder arthroscopic debridement, decompression, distal clavicle excision, and possible labral tear or biceps tenodesis and associated surgical requests as the injured worker had not completed at least 3 months of guideline-recommended conservative treatment, no documentation of response to recent physical therapy, and no definitive imaging evidence of a SLAP tear or biceps pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy debridement, decompression distal clavicle excision, possible labral tear or biceps tenodesis: Overturned

Claims Administrator 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 chapter.

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; Partial claviclectomy, Surgery for SLAP lesions.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines (ODG) provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement. 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. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been met. This injured worker presents with persistent right shoulder pain that precludes ability to return to full duty status. Clinical exam findings have been reported consistent with imaging evidence of plausible rotator cuff tear

and impingement syndrome. There is plausible clinical evidence of a SLAP tear which is often associated with an occult proximal biceps lesion. Reasonable non-operative treatment appears to have been tried for nearly 3 months and failed. Therefore, this request is medically necessary.

Associated surgical services: Outpatient post operative physical therapy 2 times a week for 6 weeks: 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 or 12 visits. If it is determined that 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 post-surgical physical medicine period. This request for physical therapy is consistent with initial post-op treatment guidelines. Therefore, this request is medically necessary.

Associated surgical services: Post operative brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter, immobilization.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205 and 213.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. Guideline criteria have been met. The use of a post-operative brace is generally indicated. Therefore, this request is medically necessary.

Associated surgical services: cold therapy unit: Upheld

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

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-flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for 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 use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.

Associated surgical services: Post operative Percocet 5/325 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Opioids, criteria for use, Percocet Page(s): 76-80, 92 and 97.

Decision rationale: The California MTUS guidelines support the short term use of opioid medications for shoulder complaints. Guidelines recommend Percocet for moderate to severe pain on an as needed basis for pain. Short-acting opioids, also known as normal-release or immediate-release opioids are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have been met for the post-operative use of Percocet. Therefore, this request is medically necessary.