

Case Number:	CM15-0096901		
Date Assigned:	05/27/2015	Date of Injury:	09/29/2014
Decision Date:	08/21/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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: California

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 62 year old female, who sustained an industrial injury on September 29, 2014. The injured worker was diagnosed as having right biceps tendon rupture, rotator cuff rupture, massive tear with arthropathy and right shoulder pain. Treatment to date has included physical therapy, medication, magnetic resonance imaging (MRI) and surgery. A progress note dated April 16, 2015 the injured worker complains of right shoulder pain rated 6-8/10. She reports weakness and heaviness. She has increased pain when moving the arm away from her body. Physical exam notes right shoulder tenderness, atrophy and painful decreased range of motion (ROM). There is positive bicep Popeye' sign. X-rays and magnetic resonance imaging (MRI) were reviewed. MRI right shoulder from 11/17/14 demonstrates massive full thickness rotator cuff tear with superior subluxation of the humeral head with superior margin of the humeral head under the acromion. The plan includes reverse of shoulder arthroplasty and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reverse total shoulder arthroplasty right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Reverse shoulder arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Reverse shoulder arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on this issue of shoulder replacement. According to the ODG Shoulder section, reverse shoulder arthroplasty, "Reverse shoulder arthroplasty is often used for people who have shoulder arthritis coupled with an irreparable rotator cuff tear, and it is also performed for patients with very complex shoulder problems, including those with failed previous surgical treatments." It is indicated for those patients with non-functioning irreparable rotator cuff and glenohumeral arthropathy or failed hemiarthroplasty or failed total shoulder arthroplasty with irreparable rotator cuff deficiency. In this case the exam notes from 4/16/15 and the MRI of 11/17/14 does demonstrate evidence of shoulder arthropathy which is not synonymous with arthritis. In this case the patient has an irreparable rotator cuff tear and dysfunction of the glenohumeral joint. Therefore the request is medically necessary.

Associated Surgical Service: Surgical Assistant: Overturned

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 Bibliography Assistant Surgeon <http://www.aaos.org/about/papers/position/1120.asp>.

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of assistant surgeon. According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital." There is an indication for an assistant surgeon for a reverse shoulder arthroplasty. The guidelines state that the more complex or risky the operation, the more highly trained the first assistant should be. In this case the decision for an assistant surgeon is medically necessary.

Associated Surgical Service: CBC (complete blood count)/BMP (basic metabolic panel): Overturned

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 (ODG), Low Back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states that these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. In this case the patient is a 62 year old who is to undergo a reverse shoulder arthroplasty. Therefore preoperative testing to include a CBC and BMP is appropriate prior to the proposed surgical procedure. Therefore the request is medically necessary.

Associated Surgical Service: EKG (electrocardiogram): Overturned

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 (ODG), Low Back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states that these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. In this case the patient is a 62 year old who is to undergo a reverse shoulder arthroplasty. Therefore preoperative testing to include an EKG is appropriate prior to the proposed surgical procedure. Therefore the request is medically necessary.

Associated Surgical Service: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states that these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a 62 year old who is to undergo a reverse shoulder arthroplasty. Therefore preoperative testing to include a chest X-ray is not appropriate prior to the proposed surgical procedure. There is no evidence of significant pulmonary issues or concerns to warrant CXR. Therefore the request is not medically necessary.

Post-operative cold therapy unit with pad and sling for the right shoulder: 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 (ODG), Shoulder Chapter, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request is for an unspecified number of days. Therefore the request is not medically necessary.

Post-operative Physical Therapy 2 x per week x 6 weeks for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, pages 26-27 the recommended amount of postsurgical treatment visits allowable are: Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified), (ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder is 24 visits over 10 weeks; Postsurgical physical medicine treatment period is 6 months. The guidelines recommend "initial course of

therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request of 12 is in line for 1/2 of the 24 visits covered following arthroplasty of the shoulder. Therefore the request is medically necessary.

Associated Surgical Service: 2 day inpatient hospital stay post shoulder surgery: Overturned

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 (ODG), Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay. According to the ODG, Shoulder, Hospital length of stay, 2 days is recommended following reverse shoulder arthroplasty. Therefore the request is medically necessary.