

<b>Case Number:</b>	CM14-0117234		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Indiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 47-year-old female who works at a library repetitively lifting book from bottom shelf of cart to desk as well as rearranging books at the library. The claimant suffered an injury to her left shoulder at work rearranging books at the library and was initially treated conservatively with physical therapy. The claimant had an MRI in August. The claimant was initially recommended to undergo surgery after an office visit with the treating orthopedic surgeon in November, 2013, but surgery was delayed until 1/16/14 due to poor control of her diabetes mellitus. The claimant underwent arthroscopic shoulder surgery on 1/16/14 for operative arthroscopy, synovectomy, bursectomy, coracoacromial ligament release, Neer type acromioplasty, distal clavicle excision, and labral repair. Post-operatively, the claimant received PT, had pain relief initially, and then returned to work full-time, developing recurrent pain in the left shoulder. The claimant complains of intense shoulder pain with activity and spasms after exercise and numbness in the left shoulder frequently. The claimant's shoulder pain and numbness keep her up at night. She takes Norco for pain relief and Naproxen and uses hot and cold modalities. On physical exam, the claimant has painful limited abduction of the left shoulder to 110 degrees. The claimant has exquisite tenderness of the biceps tendon with an equivocal impingement sign. The claimant also has a diagnosis of cervical sprain/strain, rule out radiculopathy and bilateral carpal tunnel syndrome. Based on the claimant's ongoing symptoms despite arthroscopic shoulder surgery, a request is made for additional arthroscopic shoulder surgery, pre-op medical clearance, pre-op testing, and post-op polar care unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy, decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Impingement Syndrome.

**Decision rationale:** The claimant has already undergone an arthroscopic decompression of the left shoulder performed on 1/16/14. As of the last office visit reviewed on 7/11/14, the claimant had an equivocal impingement sign. There is no evidence on physical examination findings of residual impingement syndrome and there has not been provided any x-ray or MRI scan evidence that the claimant had an inadequate decompression initially or has radiographic evidence of residual impingement syndrome that has persisted despite conservative treatment with physical therapy and surgery. Therefore, the request for left shoulder arthroscopy, decompression is not medically necessary and appropriate.

**Evaluation of rotator cuff and labrum/subacromial space biceps, tendon release and stabilization:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Surgery for SLAP lesions and Biceps Tenodesis.

**Decision rationale:** The claimant has already undergone an arthroscopy of the shoulder on 1/16/14 and there is no mention in the operative report of any abnormalities of the biceps tendon or of the presence of a SLAP lesion. The office visit on 7/11/14 is the first office note that mentions exquisite tenderness over the biceps tendon and it is on that date that Naproxen was first prescribed as an NSAID. Without any evidence of a SLAP lesion or biceps tendon tear on physical examination findings or radiographic findings, such as a new MRI of the shoulder, the claimant does not meet the Official Disability Guidelines (ODG) treatment for a SLAP repair or biceps tenodesis and therefore the request for evaluation of rotator cuff and labrum/subacromial space biceps, tendon release and stabilization is not medically necessary and appropriate.

**Pre Op clearance History and Physical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Integrated Treatment,/Disability Duration Guidelines, Low Back - Preoperative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic).

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

**Pre Op Complete blood count.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Integrated Treatment,/Disability Duration Guidelines, Low Back - Preoperative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic).

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

**Pre Op Complete metabolic panel.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Integrated Treatment,/Disability Duration Guidelines, Low Back - Preoperative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic).

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

**Pre Op Electrocardiogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Integrated Treatment,/Disability Duration Guidelines, Low Back - Preoperative testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic)

**Decision rationale:** Because the requested surgeries are not medically necessary, the requested preoperative CMP is not medically necessary.

**Pre Op Chest X-Ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Integrated Treatment,/Disability Duration Guidelines, Low Back - Preoperative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic).

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

**Post Op Polar care 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, Treatment Index, Integrated Treatment,/Disability Duration Guidelines, Shoulder chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic).

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

**Post Op shoulder immobilizer:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Integrated Treatment,/Disability Duration Guidelines, Shoulder chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic).

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

**Rejuveness:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rejuveness.com/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic).

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

**Amoxicillin 875mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/antibiotics.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic)

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

**Zofran 8mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Antiemetics for opioid nausea.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic)

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