MAXIMUS Federal Services

| Case Number: | CM14-0142928 | | |
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| Date Assigned: | 09/10/2014 | Date of Injury: | 03/27/2010 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/03/2014 |

## 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 California. 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 42-year-old gentleman who was injured in a work related accident on 02/15/11. The medical records provided for review documented that the claimant injured his left upper extremity and subsequently underwent left shoulder arthroscopy, subacromial decompression, Mumford procedure and supraspinatus tendon repair in October 2013. Postoperative clinical record of 05/29/14 describes continued complaints of pain in the left shoulder following surgery and postoperative treatment, which has included physical therapy, medication management and activity restrictions. Physical examination findings on that date showed forward flexion to 175 degrees, abduction to 175 degrees and no documentation of weakness. The diagnosis was documented as resolving adhesive capsulitis following left shoulder arthroscopy. Due to continued subjective complaints, an MRI scan was recommended. The follow up evaluation on 06/12/14 did not provide documentation of clinical findings, but noted the need for an MR arthrogram of the shoulder to further assess the claimant's postoperative rotator cuff appearance. The report of the postoperative MRI or MRA scan was not provided for review. This is a request for repeat left shoulder arthroscopy with rotator cuff repair and a first assistant.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy with rotator cuff repair with PA first assist during the procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation EMJ Publishing Group, Ltd.;London, England; Section: Musculoskeltal Disorders Condition: Shoulder Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Milliman Care Guidelines, the request for left shoulder arthroscopy with rotator cuff repair with PA first assist during the procedure is not recommended as medically necessary. There is no documentation of shoulder weakness, lack of motion or postoperative imaging demonstrating re-tearing of the rotator cuff that would support the need for further surgery. ACOEM Guidelines recommend that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. Without clinical correlation between imaging and examination findings, the proposed surgery including the use of a surgical assistant is not recommended as medically necessary.

**Post operative physical therapy, twelve visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for left shoulder arthroscopy with rotator cuff repair with PA first assist during the procedure is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.

**Polar care rental for seven days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The request for left shoulder arthroscopy with rotator cuff repair with PA first assist during the procedure is not recommended as medically necessary. Therefore, the request for seven day rental of a polar care unit is also not medically necessary.

**DME pillow/swing immobilzer:** 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 Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling

**Decision rationale:** The request for left shoulder arthroscopy with rotator cuff repair with PA first assist during the procedure is not recommended as medically necessary. Therefore, the request for postoperative immobilizer sling is also not medically necessary.