

<b>Case Number:</b>	CM13-0007299		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/27/2006
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas and Georgia. 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 injured worker is a 50-year-old male who reported an injury after pulling himself up into an attic on 06/27/2006. On 07/15/2013, his diagnostic impression was left shoulder AC joint arthrosis. The progress note stated that his left shoulder had been hurting him for a long time. Surgery had been suggested a number of years previously, but it had never been done. He had pain with cross body adduction and overhead activity. He pointed to his AC joint and biceps as pain generators. On physical examination, his shoulder was nontender over the SC joint. He had positive impingement, impingement reinforcement signs, and Yergason and Speed's tests. His biceps were tender "but his cuff was strong". The note stated that an MRI performed on 01/06/2009 was poorly reproduced and not legible; however, the interpretation was negative. He did receive an injection of 5 ml of 1% lidocaine into his AC joint. Although not quantified, the notes stated that after the injection, he had "great relief of his shoulder pain". The plan was for an arthroscopy, distal clavicle excision +/- biceps tenotomy/tenodesis. There were no further clinical data submitted for review. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopic, Mumford, Biceps Tendinosis or Tenotomy:** 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): 209-210; 211; 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Partial claviclectomy (Mumford procedure).

**Decision rationale:** Per the California / ACOEM Guidelines, referral for surgical consultation may be indicated for patients who have red flag conditions, for example, acute rotator cuff tear in a young worker, glenohumeral joint dislocation, or activity limitations for more than 4 months, plus the existence of a surgical lesion. There also must be documentation of a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs. There must be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Surgical consideration is dependent on the working or imaging confirmed diagnosis of the presenting shoulder complaint. Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. Ruptures of the proximal long head of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Per the Official Disability Guidelines, the criteria for a Mumford procedure include at least 6 weeks of care directed toward symptom relief prior to surgery, plus subjective clinical findings of pain in the AC joint, aggravation of pain with shoulder motion, carrying weight, or previous grade I or II AC separation, plus objective clinical findings of tenderness over the AC joint, and/or pain relief obtained with an injection of anesthetic or diagnostic therapeutic trial, plus imaging, clinical findings or conventional films showing either post traumatic change of the AC joint, or severe DJD of the AC joint or incomplete separation of the AC joint, and a bone scan is positive for AC joint separation. It was noted that this injured worker did respond positively to a lidocaine injection. There was no bone scan or x-ray results included in the submitted documentation. There was no documentation of a previous shoulder separation or physical therapy, acupuncture, or chiropractic treatments. There was no indication that this worker had failed prior corticosteroid injections into the shoulder. The clinical information submitted failed to meet the evidence based guidelines for surgical intervention. Therefore, this request for a Left Shoulder Arthroscopic, Mumford, Biceps Tendinosis or Tenotomy is not medically necessary.

**Inpatient Stay 2-3 Days:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Cold Therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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