

<b>Case Number:</b>	CM13-0014668		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	07/24/2013
<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 surgery and is licensed to practice in Arizona. 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 patient is a 40-year-old male who sustained injuries to his right shoulder secondary to cumulative trauma while working as a plumber. The date listed is from January 1, 2005 to April of 2011. His left shoulder is also considered part of the injury spectrum. This patient complains of pain in both shoulders especially with overhead use and weakness in both shoulders. Examination dated June 28, 2013 reveals decreased range of motion in forward flexion, abduction and internal rotation. There is also weakness in the right shoulder. There was bilateral acromioclavicular tenderness with positive impingement tests of both shoulders. The patient had an MRI scan of the left shoulder on May 31, 2012, which revealed subacromial impingement, tendinosis of the distal supraspinatus and infraspinatus tendons but no rotator cuff tear. The MRI scan of the right shoulder dated April of 2012 revealed a full-thickness tear of the supraspinatus tendon with subacromial impingement and acromioclavicular degenerative joint disease. A request was made for bilateral acromial decompression with resection of the distal end of the clavicle and rotator cuff debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A BILATERAL SHOULDER POSTERIOR ACROMIO DECOMPRESSION AND DISTAL CLAVICLE RESECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 560-561.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The California MTUS guidelines state that surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength even after exercise program; and clear clinical and radiographic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. This patient does have a rotator cuff tear, but the tear is not acute at this point. It is not adequately documented what the patient's activity limitations are and the radiologist's interpretation of the MRI scan of the shoulders is not available in the medical record. There is no documentation of what kind of exercise program the patient was doing or if he was doing one at all and there is no documentation of what the results of his exercise program were. There is also no documentation of what the results of other nonsurgical treatment modalities were. There is no documentation as to where the impingement is occurring. Until these issues have been clarified and fully documented, the medical necessity of bilateral acromioclavicular decompression and resection of the distal end of the clavicle is not medically necessary.

**A ROTATOR CUFF DEBRIDEMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 560-561.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The California MTUS guideline state that there is clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The usual treatment for rotator cuff tear in a young person is rotator cuff repair. There is no documentation of why the surgical consideration is for rotator cuff debridement. Until these issues are clarified, the medical necessity of rotator cuff debridement has not been established.

**PRE-OPERATIVE MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines.Gov, Preoperative Evaluation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** Since the basic surgery has not been certified, the need for preoperative clearance cannot be certified. In addition, there is no documentation that this relatively young person has any comorbidity for which surgical clearance is needed. Disclaimer: MAXIMUS