

<b>Case Number:</b>	CM13-0014966		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in New Hampshire, New York, and Washington State. 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 physician 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.

### 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 56-year-old male with the date of injury on November 15, 2011. The patient is a firefighter who tripped and fell on debris at a fire causing him to fall striking his right shoulder. Conservative measures including medications and physical therapy were attempted but not well-documented. MRI of the right shoulder was obtained in February of 2012. The MRI revealed evidence of a shoulder labral tear and evidence of supraspinatus tendinosis with a partial thickness rotator cuff tear. A type II acromion was identified and with mild acromioclavicular arthritis. The patient complains of chronic right shoulder pain. There is as documented 30% loss of motion with a positive O'Brien's test and abduction strength 4/5. The patient also has chronic neck pain. At issue is whether right shoulder subacromial decompression and possible rotator cuff repair along with right shoulder arthroscopic labral repair are medically necessary at this time. The patient had cervical spine surgery in February of 2013 and reports improved neck pain. He experiences some numbness and tingling in the ulnar nerve distribution at the left forearm and he does have a history of cubital tunnel syndrome. At issue is whether or not shoulder surgery is medically necessary at this time. ⚡

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic subacromial decompression, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Section on Acromioplasty and Rotator Cuff Repair, and SLAP Lesions..

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 209.

**Decision rationale:** The MTUS Guidelines indicate that surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Adequate documentation necessary to prove shoulder surgery is lacking in his medical record. There is not a detailed history/physical examination, or report of diagnostic imaging. More important specific discussion and documentation of non-operative treatment is not reported. The length of physical therapy is not documented. The type of physical therapy is not document. The patient's participation in physical therapy exercises remains unclear at this time. At least 3 months of continuous physical therapy or 6 months of an intermittent physical therapy must be attempted prior to considering surgery for degenerative shoulder pathology. In addition there is no documentation of red flags for surgical intervention indicated such as complete rotator cuff tear, fracture, or concern for tumor. This patient also has a degenerative cervical condition which can present with shoulder pain. It is also unclear to what extent the patient's cervical symptoms contributed to his shoulder pain. Surgery is not medically necessary at this time. The request for right shoulder arthroscopic subacromial decompression and possible rotator cuff rear is not medically necessary and appropriate.

**Arthroscopic labral repair, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Section on Acromioplasty and Rotator Cuff Repair, and SLAP Lesions..

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 209.

**Decision rationale:** The MTUS Guidelines indicate that surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Adequate documentation necessary to prove shoulder surgery is lacking in his medical record. There is not a detailed history/physical examination, or report of diagnostic imaging. More important specific discussion and documentation of non-operative treatment is not reported. The length of physical therapy is not documented. The type of physical therapy is not document. The patient's participation in physical therapy exercises remains unclear at this time. At least 3 months of continuous physical therapy or 6 months of an intermittent physical therapy must be attempted prior to considering surgery for degenerative shoulder pathology. In addition there is no documentation of red flags for surgical intervention indicated such as complete rotator cuff tear, fracture, or concern for tumor. This patient also has a degenerative cervical condition which can

present with shoulder pain. It is also unclear to what extent the patient's cervical symptoms contributed to his shoulder pain. Surgery is not medically necessary at this time. The request for right shoulder arthroscopic labral repair is not medically necessary and appropriate.