

<b>Case Number:</b>	CM13-0018529		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Pennsylvania. 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. 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 fifty five year old female status post traumatic injury to the right shoulder sustained on 11/30/12. Records reflected treatment in the immediate timeframe of injury inclusive of certification for 8 physical therapy visits, a right shoulder injection performed in February of 2013, and anti-inflammatory medications. The MRI of 6/11/13 documented a small full thickness tear of the anterior supraspinatus tendon at the footprint, 3 mm AP on a background marked tendinosis, infraspinatus and subscapularis tendinosis without tear, type II acromion with small subacromial enthosphyte with preservation of the subacromial space, mild acromioclavicular joint degenerative changes, superior labral degeneration extending anteriorly and posteriorly and small glenohumeral joint effusion likely communicating with moderate subacromial subdeltoid bursal effusion. A record of 7/3/13 documented examination findings of subacromial tenderness, positive Neer and Hawkin's and impingement sign, and a positive Speed's test. Diagnoses were of right shoulder rotator cuff tear, bursitis, tenosynovitis, labral tear, and acromioclavicular joint arthritis. Surgical intervention was proposed on the basis of persistent symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy including subcrominal decompression:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209, 211.

**Decision rationale:** The claimant is a fifty five year old female status post traumatic injury. There is imaging evidence of a full thickness rotator cuff tear and degeneration of the acromioclavicular joint corroborated on examination with positive findings of impingement and rotator cuff pathology. With documentation of a full thickness tear and persistent symptomatology despite appropriate conservative measures inclusive of physical therapy, injection, and anti-inflammatory medications, the requested rotator cuff repair, distal clavicle resection/decompression and possible biceps tenodesis and labral repair is reasonable and appropriate.

**Distal clavicle decompression:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-212.

**Decision rationale:** The claimant is a fifty five year old female status post traumatic injury. There is imaging evidence of a full thickness rotator cuff tear and degeneration of the acromioclavicular joint corroborated on examination with positive findings of impingement and rotator cuff pathology. With documentation of a full thickness tear and persistent symptomatology despite appropriate conservative measures inclusive of physical therapy, injection, and anti-inflammatory medications, the requested rotator cuff repair, distal clavicle resection/decompression and possible biceps tenodesis and labral repair is reasonable and appropriate. Specifically in the setting of impingement findings with failed attempts at three out of six months of conservative care, decompression is an appropriate surgical intervention.

**Distal clavicle excision:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Shoulder Chapter

**Decision rationale:** The claimant is a fifty five year old female status post traumatic injury. There is imaging evidence of a full thickness rotator cuff tear and degeneration of the acromioclavicular joint corroborated on examination with positive findings of impingement and rotator cuff pathology. With documentation of a full thickness tear and persistent symptomatology despite appropriate conservative measures inclusive of physical therapy, injection, and anti-inflammatory medications, the requested rotator cuff repair, distal clavicle resection/decompression and possible biceps tenodesis and labral repair is reasonable and appropriate. Specifically in the presence of degenerative changes of the acromioclavicular joint a Mumford procedure, or distal clavicle excision is appropriate and warranted.

**Rotator cuff repair: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-212.

**Decision rationale:** The claimant is a fifty five year old female status post traumatic injury. There is imaging evidence of a full thickness rotator cuff tear and degeneration of the acromioclavicular joint corroborated on examination with positive findings of impingement and rotator cuff pathology. With documentation of a full thickness tear and persistent symptomatology despite appropriate conservative measures inclusive of physical therapy, injection, and anti-inflammatory medications, the requested rotator cuff repair, distal clavicle resection/decompression and possible biceps tenodesis and labral repair is reasonable and appropriate. Specifically with imaging evidence of a full thickness rotator cuff tear, surgical intervention is appropriate and warranted.

**Biceps tenodesis and labral repair with assistant: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-212.

**Decision rationale:** The claimant is a fifty five year old female status post traumatic injury. There is imaging evidence of a full thickness rotator cuff tear and degeneration of the acromioclavicular joint corroborated on examination with positive findings of impingement and rotator cuff pathology. With documentation of a full thickness tear and persistent symptomatology despite appropriate conservative measures inclusive of physical therapy, injection, and anti-inflammatory medications, the requested rotator cuff repair, distal clavicle resection/decompression and possible biceps tenodesis and labral repair is reasonable and appropriate. Specifically in this case there is documentation of labral degeneration on imaging and guidelines would allow for possible labral repair and biceps tenodesis if the need is determined intraoperatively.

**Post-operative physical therapy twice a week for six weeks for right shoulder: Overturned**

**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:** Postoperative physical therapy is also reasonable and appropriate. California Medical Treatment Utilization Schedule (MTUS) allows for twenty four postoperative therapy visits with recommendations for the initial treatment to be one half of the total allotment

for the procedure in question and as twelve postoperative sessions have been requested equaling half of the total amount, then they would be considered as medically necessary.

**Cryotherapy:** Overturned

**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) Shoulder Chapter - Continuous Flow Cryotherapy.

**Decision rationale:** A one week rental of cryotherapy is supported by Official Disability Guidelines in the postoperative setting and as surgery has been found to be medically necessary, likewise the postoperative use of cryotherapy would be considered appropriate and medically necessary