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| <b>Case Number:</b>   | CM13-0030235 |                              |            |
| <b>Date Assigned:</b> | 11/27/2013   | <b>Date of Injury:</b>       | 10/15/2007 |
| <b>Decision Date:</b> | 02/12/2014   | <b>UR Denial Date:</b>       | 09/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2013 |

### 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 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 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 patient is a 55-year-old female who was injured in a work related accident on 10/15/07. Clinical records for review indicated ongoing complaints of pain in the left shoulder. Imaging for review included a recent 07/10/13 MR arthrogram of the left shoulder that showed surgical artifact compatible with prior arthroscopy and suggestion of prior acromioplasty. There was fraying of the distal supraspinatus, but no full thickness tearing. There was noted to be a normal variant at the superior glenoid with no documentation of formal tearing. There was also noted to be mild fraying of the tissue of the labrum. A follow up evaluation after the MR arthrogram with [REDACTED] on 08/01/13 noted continued complaints of pain in the shoulder. [REDACTED] reviewed the claimant's imaging as well as physical examination that showed equal and symmetrical motion when compared to the contralateral side with positive impingement, positive O'Brien's testing, and adequate strength. The claimant was diagnosed with status post left shoulder decompression and Mumford procedure with questionable labral tearing. Recommendations at that time were for a revision procedure to include an arthroscopy, Mumford procedure, debridement of labrum versus possible repair and subacromial decompression. Recent postoperative conservative measures were not documented. Further imaging was unavailable for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy mumford procedure: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure: Partial claviclectom (Mumford procedure).

**Decision rationale:** The California MTUS Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria, a left shoulder arthroscopy with a Mumford procedure would not be indicated. The clinical records indicate the claimant has previously undergone distal clavicle excision with recent physical examination findings documented that do not demonstrate pertain to the AC (acromioclavicular) joint to support the role of the revision procedure. It would be unclear as to why a second Mumford procedure would be needed for this claimant based on imaging and prior surgical process.

**Possible debridement of labral tear:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure : Surgery for SLAP (superior labrum anterior and posterior) lesions.

**Decision rationale:** The California MTUS Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria, a labral debridement would not be indicated. Clinical picture for operative arthroscopy in this setting has not yet been supported. The need of a debridement of a labrum that does not have evidence of significant tearing on recent imaging would not be supported.

**Possible repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure : Surgery for SLAP (superior labrum anterior and posterior) lesions.

**Decision rationale:** The California MTUS Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria, labral repair would not be indicated. The claimant's recent MR (magnetic resonance) arthrogram indicated a normal variant at the labrum. There was no documentation of acute pathology. There is no indication of recent injury since time of prior

surgical process that also did not demonstrate labral pathology. This specific request in this case would not be indicated

**Possible decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter

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

**Decision rationale:** Based on California ACOEM Guidelines, a subacromial decompression would not be indicated. The records in this case indicate the claimant has already undergone a decompression to the acromion. There is no documentation to support the need for a revision procedure given the claimant's clinical picture and lack of documentation of recent conservative measures.