

<b>Case Number:</b>	CM13-0036600		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/17/1980
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 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:

This is a 70-year-old male who has a date of injury of October 17, 1980. The patient had a repair of the right rotator cuff on 11/12/2009. He recently had a repair of the left rotator cuff. A progress note dated 9/15/2014 states the patient is reporting recent soreness in his right shoulder which he describes as a pinching sensation. He returns to the clinic today reporting that he is doing well with regards to the right as well as the left shoulder. The right shoulder he reports his great. There is minimal tenderness to palpation over the anterior shoulder region on the right and there is weakness on forward flexion on the right. Range of motion is demonstrated to be full and symmetric bilaterally. An MRI of the right shoulder dated 2012 reported an intact rotator cuff, ruptured biceps tendon, ganglion cyst of the acromioclavicular joint, and moderate acromioclavicular degenerative joint disease. A request was made dated 10/7/2013 for a right shoulder scope with excision of the distal clavicle, subacromial decompression, biceps tenodesis, post-op physical therapy, and an Ultra-sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A right shoulder scope:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 209-212. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Shoulder, Diagnostic Arthroscopy.

**Decision rationale:** The ACOEM guidelines state 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 of the muscles of the shoulder plus existence of a surgical lesion, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. The last MRI dated 2012 shows no rotator cuff tear. The ODG states that diagnostic arthroscopy is recommended if the imaging is inconclusive and acute pain or functional limitation continues despite conservative care. This patient has very mild symptoms and according to the latest progress note, feels his right shoulder is "doing great". Therefore, the medical necessity for diagnostic arthroscopy has not been established.

**A distal clavicle excision:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 209-212.

**Decision rationale:** Resection of the distal end of the clavicle may be necessary following acromioclavicular separation or painful severe degenerative joint disease of the acromioclavicular joint. There is no documentation in the latest progress report that the patient has any acromioclavicular separation or tenderness over the acromioclavicular joint. And, while there is imaging evidence that the patient has arthritis of his acromioclavicular joint, he has very mild symptoms and feels his right shoulder is "doing great". Therefore, with the patient having only very mild symptoms of his right shoulder, the medical necessity for resection of the distal end of the clavicle has not been established.

**A subacromial decompression:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 209-212.

**Decision rationale:** As of his last progress note the patient is having very mild right shoulder symptoms. The ACOEM guidelines state that decompress of the subacromial space is not indicated for patients with mild symptoms. Therefore, the medical necessity of a subacromial decompression has not been established.

**A biceps tenotomy and possible tenodesis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 209-212.

**Decision rationale:** The MR scan done in 2012 revealed a rupture of the biceps tendon. Ruptured biceps tendons are always managed conservatively because there is no accompanying functional disability. Therefore, the medical necessity for a biceps tenodesis or tenotomy has not been established.

**Postoperative physical therapy (12 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 209-212.

**Decision rationale:** Since his surgery has not been certified, there is no medical necessity for postoperative physical therapy.

**An ultra sling:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 209-212.

**Decision rationale:** Since the surgical procedures are not certified, there is no medical necessity for an Ultra-Sling.