

<b>Case Number:</b>	CM13-0045829		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Texas. 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 injured worker is a 50-year-old female who reported an injury on 01/27/2012 while driving a bus. She was struck on the front, on the driver's side by another vehicle that crossed the red light. Diagnoses cephalgia, occipital neuralgia, cervicgia (neck pain), cervical radiculitis, neuritis, unspecified right shoulder arthropathy, right shoulder derangement, pain in joint of right shoulder and right shoulder impingement syndrome. Past treatments were medications, acupuncture, and physical therapy. EMG/NCV studies dated 05/06/2013 revealed abnormal nerve conduction study. Findings were suggestive of minimal right carpal tunnel syndrome, abnormal electromyography, findings were suggestive of bilateral chronic active C5-6 radiculopathy, right side greater than left side. MRI of the cervical spine dated 02/28/2013 was within normal limits. MRI of the right shoulder revealed minimal joint effusion at the glenohumeral joint, osteoarthritis of the acromioclavicular joint, fluid in the subacromial/ subdeltoid bursae, and impingement of the supraspinatus tendon by the osteophyte from the acromioclavicular joint. Physical examination date 08/22/2013 revealed complaints of constant sharp pain in the neck. The pain level varied throughout the day, but was reported an 8/10. The injured worker reported the pain radiated to the right elbow and fingers with numbness, tingling and weakness in the right arm. There were complaints of low back pain. The injured worker reported the pain radiated from her low back into her bilateral legs, right greater than left. The pain was associated with numbness, tingling, and weakness. The injured worker also reported experiencing headaches, dizziness, difficulty sleeping and anxiety. Examination of the cervical spine revealed for palpation a 2+ bilateral occiput tenderness, 3+ right sternocleidomastoid tenderness, 1+ left sternocleidomastoid tenderness, 3+ right upper trapezius tenderness, 1+ left upper trapezius tenderness, 2+ right splenius tenderness, 1+ left splenius tenderness, 2+ right levator scapulae tenderness and spasms, 1+ left scapulae tenderness and spasms, 3+ right midline tenderness. Cervical facet test was positive, bilaterally. Neurological exam revealed dermatomes with decreased sensation in the C5, C6, C7, C8 and T1 nerve distributions on the right side. Myotomes tested were 3/5 in the deltoid,

biceps, triceps, finger flexors and finger abductors on the right side. Myotomes tested were 4/5 in the deltoid, biceps, triceps, finger flexors and finger abductors on the left side. Manual muscle testing was 3/5 in the pronators and supinator's and 2/5 in the finger extensors and abductor pollicis on the right side. Manual muscle testing was 4/5 in the pronators, supinators, finger extensors and abductor pollicis on the left side. Deep tendon reflexes were normal throughout the bilateral upper extremities. Medications were cyclobenzaprine, naproxen, tramadol ER, capsaicin, diclofenac, tramadol, ketoprofen, Camphor, menthol, cyclobenzaprine HCl, and flurbiprofen. Treatment plan was for arthroscopy of the right shoulder with arthrotomy of the glenohumeral joint and the acromioclavicular joint and excision of the exostosis at the acromioclavicular joint and Mumford procedure. The rationale and Request for Authorization were not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Arthroscopy of the right shoulder with arthrotomy of the glenohumeral joint and the acromioclavicular joint and excision of the exostosis at the acromioclavicular joint and Mumford procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Arthroplasty, Mumford Procedure.

**Decision rationale:** The request for arthroscopy of the right shoulder with arthrotomy of the glenohumeral joint and the acromioclavicular joint and excision of the exostosis at the acromioclavicular joint and Mumford procedure is not medically necessary. The California ACOEM Guidelines state referral for such a surgical consultation may be indicated for patients who have (red flag conditions) e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc. activity limitation for more than 4 months, plus existence of a cervical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term, from surgical repair. Surgical considerations depend on the working or imaging/confirmed diagnoses of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risk and benefits, and expectations, in particular, is very important. If this is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. The Official Disability Guidelines state for arthroplasty (shoulder) is recommended after 6 months of conservative treatment for selected patients. The Official Disability Guideline indications for surgery/shoulder arthroplasty are glenohumeral and acromioclavicular joint osteoarthritis, post-traumatic arthritis, or rheumatoid arthritis with all of the following: severe pain (preventing a good night's sleep) or functional disability that interferes with activities of daily living or work; positive radiographic findings (e.g., shoulder joint degeneration, severe joint space stenosis); conservative therapies (including NSAIDs, intra-articular steroid injections, and physical therapy) have been tried for at least 6 months and failed; if rheumatoid arthritis only, tried and failed anticytokine agents or disease modifying antirheumatic drugs; treatment of proximal humeral fracture nonunion, malunion, or avascular necrosis. Arthroplasty (shoulder) is not recommended if irreparable rotator cuff tear, in young individuals or in individuals with active local or systemic infection. For partial claviclectomy (Mumford procedure) the guidelines criteria are: there must

be a diagnosis of post-traumatic arthritis of AC joint; At least 6 weeks of care directed toward symptom relief prior to surgery; pain at AC joint, aggravation of pain with shoulder motion or carrying weight; tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan; and/or pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial; imaging clinical findings of either post-traumatic changes of AC joint or severe DJD of AC joint; also a complete or incomplete separation of AC joint, or a bone scan is positive for AC joint separation. The official MRI report was not submitted for review. It was not reported that the injured worker had injections to the shoulder. It was not reported that the injured worker had a bone scan. There was no physical examination on the right shoulder. There is a lack of documentation of objective findings. The clinical information submitted for review does not provide evidence to justify arthroscopy of the right shoulder. Therefore, this request is not medically necessary.

**Preoperative clearance to include labs, chest x-ray and an EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.