

<b>Case Number:</b>	CM13-0046882		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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, has a subspecialty in Hand 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 44-year-old male who reported an injury on 05/22/2012 due to a motor vehicle accident. Diagnoses were right shoulder SIS with superior labral tear, degenerative joint disease, right AC joint and RCT, cervical strain with right upper extremity C7 cervical radiculitis with headaches, right shoulder subacromial impingement syndrome, normal right and left knees, low back with right lower extremity sciatica, sleep disturbance because of pain, lumbar scoliosis, and left shoulder impingement syndrome. X-ray of the right shoulder revealed type 2 acromion, right shoulder, adequate acromioclavicular joint space, right shoulder, and right shoulder negative for fracture, dislocation, subluxation, or joint space narrowing. Physical examination on 10/21/2013 revealed that the injured worker complained of constant moderate right shoulder pain. The pain was rated a 5/10 to 10/10 on the pain scale. Medications were Norco, diclofenac, and nizatidine. Examination of the right shoulder revealed no tenderness or swelling of the right shoulder. There was a positive impingement sign, positive supraspinatus sign, negative apprehensive test, positive acromioclavicular joint tenderness, positive crepitus, negative drop arm test, and negative sulcus sign. There was no detectible anterior or posterior laxity. Range of motion for the right shoulder was flexion was to 105 degrees, abduction to 90 degrees, extension was to 30 degrees, external rotation was to 30 degrees, internal rotation was to 20 degrees, and adduction was to 10 degrees. Motor exam of the bilateral upper extremities was a 5/5 and sensation was intact to light touch bilateral upper extremities. The injured worker had physical therapy sessions. Physical examination date for physical therapy on 02/05/2013 revealed that the injured worker stated that right shoulder felt better today, and the left shoulder had pain. 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:

**ASSOCIATED SERVICE: ASSISTANT SURGEON:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**ARTHROSCOPY W/SUBACROMIAL DECOMPRESSION, EXTENSIVE DEBRIDEMENT, RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

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

**Decision rationale:** The decision for arthroscopy w/subacromial decompression, extensive debridement, right shoulder is not medically necessary. The California ACOEM states that referral for 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), activity limitation for more than 4 months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise program, 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 a working or imaging confirmed diagnosis 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 there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. Because this diagnosis is on a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendinitis, also refer to the previous discussion of rotator cuff tears. The physical examination note was dated 10/21/2013. It was mentioned in the clinical documentation submitted for review that the injured worker was to be referred for cortisone injections into the shoulder. There was no other documentation reporting that the injured worker had actually received cortisone injections into the shoulder. There were no reports that the injured worker was participating in a home exercise program. In the physical therapy notes, it was reported that the right shoulder no longer had pain, but the left shoulder was causing pain. The clinical documentation provided evidence that continued exercise and activity levels of the right shoulder decreased the injured worker's pain. There were no other significant factors

provided to justify the decision for arthroscopy with subacromial decompression, extensive debridement of the right shoulder. Therefore, this request is not medically necessary.