

<b>Case Number:</b>	CM13-0058278		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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, has a subspecialty in Sports Medicine, 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 59-year-old male who reported an injury on 02/21/2013. The mechanism of injury was lifting heavy equipment. The patient had an MRI on 04/03/2013 which revealed severe osteoarthritis of the left acromioclavicular joint with bony proliferative changes, cartilage loss, and subchondral edema. The patient had a strain of the supraspinatus tendon and a superior labral tear. The patient had an MRI of the left humerus without contrast on 07/30/2013 which revealed an old partial tearing of the biceps tendon with associated fibrosis and no complete tear was identified. There was interval resolution of the previously seen strain of the left distal biceps muscle and no discrete fracture. The patient was noted to be treated with physical therapy and medications. The most recent documentation submitted for review with a physical examination was dated 10/23/2013 which revealed the patient had pain that was described as an aching with intermittent sharp pain and no radiation of pain. The pain was improved with rest and medication, and worsened with overuse. The physical examination revealed the patient had mild to moderate tenderness of the global aspect with mild swelling and decreased range of motion. Abduction and flexion were 120 degrees and extension was 15 degrees with decreased internal rotation and external rotation. The diagnosis was noted to be a shoulder/upper arm strain. The documentation of 08/30/2013 revealed the patient had nocturnal symptomatology and the patient wanted to proceed with the distal clavicle resection and acromioplasty. The request was made for a left shoulder arthroscopy with a debridement of the distal clavicle resection and a distal clavicle resection, SAD sling times 4 weeks, 12 physical therapy sessions, and a biceps tendon repair, possible rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy, debridement distal clavicle resection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-2112. 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): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, partial clavicle resection, (Mumford procedure).

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation is appropriate for patients with red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion, failure to increase range of motion and strengthen the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both short- and long-term from surgical repair. However, ACOEM does not address distal clavicle resections. As such, a secondary guideline was sought. Official Disability Guidelines indicate that the criteria for a partial clavicle resection include the diagnosis of post traumatic arthritis of the AC joint. There should be documentation of conservative care including at least 6 weeks of care directed toward symptomatic relief, pain at the AC joint, aggravation of pain with shoulder motion or carrying weight, or previous grade 1 or grade 2 AC separation and tenderness over the AC joint and/or pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial plus post traumatic changes of the AC joint. Clinical documentation submitted for review failed to indicate the employee had pain at the AC joint or aggravation of pain with shoulder motion or carrying weight. Given the above, the request for a left shoulder arthroscopy, debridement distal clavicle resection is not medically necessary.

**SAD sling x (4) weeks: 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.

**Bicep tendon repair (possible rotator cuff 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:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Biceps Tendon Repair.

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation is appropriate for patients who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion, failure to increase range of motion and strengthen the musculature around the shoulder even after an exercise program plus the existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both short- and long-term from surgical repair. However, ACOEM addresses biceps rupture, but does not address the criteria for a bicep repair. As such, a secondary guideline was sought. Official Disability Guidelines indicate that the criteria for the tenodesis of the long head of the biceps include that it is not recommended as an independent, stand-alone procedure. The MRI failed to indicate there was a tear of the supraspinatus tendon. As the requested intervention of a left shoulder arthroscopy, debridement distal clavicle resection is not medically necessary, and a biceps repair is not recommended as a stand-alone procedure, the request for a biceps tendon repair (possible rotator cuff repair) is not medically necessary.

**Twelve (12) physical therapy sessions:** 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.