

<b>Case Number:</b>	CM13-0060014		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/01/2009
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 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 54-year-old who sustained an injury to the shoulder due to repetitive trauma on 02/01/09. On an 09/11/13 progress report it was documented that the claimant had ongoing complaints of pain with a diagnosis of status post right shoulder arthroscopy, subacromial decompression that occurred in 2009. The claimant's current complaints were documented as continued pain and discomfort. The report of an MRI (magnetic resonance imaging) of 04/11/13 showed acromioclavicular (AC) joint hypertrophy with partial tearing to the anterior edge of the supraspinatus tendon on the bursal surface, but no full thickness pathology. Physical examination findings were documented to include pain and tenderness over the anterior aspect of the elbow with positive Neer and Hawkin's testing and no documented weakness. The documentation in the progress report noted that the claimant had continued complaints of pain and failed conservative measures including recent medication usage, modified activity, and physical therapy. The recommendation was made for revision arthroscopy to include a possible rotator cuff tear, possible distal clavicle resection and revision decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER RIVSION ARTHROSCOPY, SUBACRMOIAL DECOMPRESSION AND POSSIBLE ROTATOR CUFF REPAIR AND POSSIBLE DISTAL CLAVIAL RESECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. 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): 201 & 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Partial clavicle resection (Mumford procedure).

**Decision rationale:** Based on ACOEM 2004 Guidelines and supported by the Official Disability Guidelines (ODG) criteria, the proposed right shoulder revision arthroscopy, subacromial decompression and possible rotator cuff repair and possible distal clavicle resection cannot be recommended as medically necessary. The claimant has current complaints of pain in the shoulder, but no documentation of recent treatment to include injection therapy. Given the MRI (magnetic resonance imaging) findings from April of 2013, there is no documentation of full thickness rotator cuff pathology that would warrant acute need for surgical intervention. Based on the lack of current documentation of injection therapy, the specific request would not be indicated.

**POST-OP PHYSICAL THERAPY (PT) X 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The proposed right shoulder revision arthroscopy, subacromial decompression and possible rotator cuff repair and possible distal clavicle resection cannot be recommended as medically necessary. Therefore, the 12 sessions of post-operative therapy would not be indicated.

**COLD THERAPY UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 - Continuous-flow cryotherapy.

**Decision rationale:** The proposed right shoulder revision arthroscopy, subacromial decompression and possible rotator cuff repair and possible distal clavicle resection cannot be recommended as medically necessary. Therefore, the 12 sessions of post-operative therapy would not be indicated.

**SLING:** Upheld

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

**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 - Postoperative abduction pillow sling.

**Decision rationale:** The proposed right shoulder revision arthroscopy, subacromial decompression and possible rotator cuff repair and possible distal clavicle resection cannot be recommended as medically necessary. Therefore, the postoperative sling would not be indicated.