

<b>Case Number:</b>	CM14-0000100		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Orthopaedic 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 patient is a 66-year-old female seasonal harvest worker who sustained an industrial injury on 10/7/09 when she slipped and fell, striking her head on a pole. The 4/1/11 right shoulder MRI impression documented joint effusion, subdeltoid subacromial fluid, supraspinatus tendon tear, either substantial partial tear or full thickness, and possible ganglion cyst and fluid in the subscapularis and subcoracoid bursa. The 12/2/09 cervical MRI documented marked degenerative changes at C5/6 with moderate to severe right neuroforaminal stenosis and multilevel mild canal stenosis, and mild to moderate bilateral neuroforaminal stenosis. The 7/30/13 medical-legal report cited subjective complaints of painful aching in the superior aspect of the right shoulder in the right trapezius region when rotating or using the arm. The right shoulder physical exam findings documented superior and anterior tenderness, negative Adson's test, negative impingement sign, mildly positive apprehension test, slight abductor and internal Final Determination Letter for IMR Case Number CM14-0000100 3 rotator weakness 4/5 due to discomfort. X-rays of the right shoulder demonstrated grade II degenerative change involving the acromioclavicular joint with a small inferior acromial spur. The examiner was apprehensive to recommend a right shoulder surgery given the patient's age and the relatively mild clinical findings and indicated surgery should be avoided. Benefit with prior cortisone injections of 50% pain relief for 2 to 3 weeks was noted. The 11/5/13 progress report cited neck, mid-back, and right shoulder pain with numbness into her right hand. The patient was trying to perform home exercise but was limited by pain. Current medications included Norco and Flexeril which helped decrease pain and allowed her to function. She had a TENS unit but did not know how to use it. Objective findings documented right shoulder tenderness to palpation with decreased range of motion, 4+/5 strength, positive Hoffman's bilaterally, and two beats of clonus bilaterally. The treating physician stated that the medical examiner recommended right shoulder surgery only for

intractable symptoms. The treatment plan recommended continuation of medications, right shoulder surgery and post-operative therapy per the orthopedist, and acupuncture for the neck and back. The 12/23/13 utilization review recommended non certification of the surgical request based on an absence of current MRI documentation, recent conservative treatment, and no current documentation of impingement signs.

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

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

#### **TWELVE (12) POST-OPERATIVE PHYSICAL THERAPY VISITS: Upheld**

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

**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.

#### **ONE RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acromioplasty.

**Decision rationale:** Under consideration is a request for right shoulder arthroscopic subacromial decompression. The California MTUS guidelines do not provide recommendations for shoulder surgery in chronic conditions. The Official Disability Guidelines for acromioplasty generally require 3 to 6 months of conservative treatment, painful arc of motion 90-130 degrees, nighttime pain, weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and positive imaging evidence of impingement. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment directed specifically to the right shoulder had been tried and failed. There is no current documentation of positive right shoulder impingement signs. Therefore, this request for right shoulder arthroscopic subacromial decompression is not medically necessary and appropriate.