

<b>Case Number:</b>	CM14-0004891		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Spine 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:

The injured worker is a 46-year-old male who reported injury on 12/04/2012. The mechanism of injury was that the injured worker was climbing a ladder and carrying some construction material on the right side of the shoulder and the end of the material got caught in something and the injured worker pulled the shoulder and started having pain. The injured worker was treated with physical therapy. The injured worker underwent an MRI of the right shoulder on 06/26/2013, which revealed a tiny joint effusion with minimal subacromial/subdeltoid bursitis. There was minimal acromioclavicular joint arthritis. There was a cortical defect posterosuperior humeral head one (1) cm and a possible old Hill-Sachs lesion, with no acute fractures. There was tendinosis and predominantly articular surface small partial tear of the supraspinatus and infraspinatus tendons with no full thickness tear of the rotator cuff. There was a small posterosuperior labral tear and an intact biceps tendon and rotator interval structures. The documentation of 10/03/2013 revealed positive impingement signs 1 and 2, and a positive Jobe's test as well as positive O'Brien's test. The injured worker has distinct crepitus with internal and external rotation. The Stress AC testing was mildly positive. The injured worker had a similar impingement profile on the left side with positive impingement signs 1 and 2. Reflexes were 1+ and symmetrical in the biceps, triceps, and brachioradialis. The injured worker underwent x-rays on the date of visit. The three (3) view x-rays of the right shoulder revealed moderate acromioclavicular (AC) joint arthritis. The diagnoses included pain in the joint shoulder, partial SLAP lesion tear, humeral head degenerative cyst and potential old Hill-Sachs lesion, potential partial biceps tendon tear, right shoulder partial rotator cuff tendon tear involving the supraspinatus and infraspinatus tendons, and probable left shoulder partial rotator cuff tear. The injured worker underwent an ultrasound of the right shoulder which revealed partial rotator cuff tendon tear involving the supraspinatus and infraspinatus tendons and a partial biceps tendon

tear. The treatment plan included a right shoulder arthroscopy, rotator cuff repair and subacromial decompression, as well as a labral repair. The documentation of 11/21/2013 per the progress report (PR-2), the injured worker had started physical therapy and had seven (7) sessions left. It was indicated the injured worker had a follow-up appointment with the surgeon on 12/14/2013 and the injured worker should have been done with all of the physical therapy sessions at that point. The request was made for right shoulder surgery as recommended by the surgeon.

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

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

#### **SUBACROMIAL DECOMPRESSION PLUS/MINUS (+/-) DISTAL CLAVICLE RESECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Page 560-561

**MAXIMUS 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, Partial Claviclectomy

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than four (4) months plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion. There should be documentation of clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. This procedure is not indicated for injured workers with mild symptoms or those who have no activity limitations. There should be documentation of conservative care, including cortisone injections for three to six (3 to 6) months before considering surgery. The injured worker was noted to be undergoing physical therapy and there was a lack of documentation of the final office note post therapy to indicate the injured worker's response to conservative care. The request as submitted failed to indicate the laterality for the requested procedure. This portion of the procedure would not be supported. The ACOEM Guidelines do not address distal clavicle resection. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that for a partial claviclectomy, there should be documentation of at least six (6) weeks of conservative care directed towards symptomatic relief and pain at the acromioclavicular (AC) joint along with aggravation of pain with shoulder motion or carrying weight, tenderness over the AC joint per objective findings, and/or pain relief obtained with injection of anesthetic for diagnostic therapeutic trial plus conventional films showing post traumatic changes of the AC joint or severe degenerative joint disease (DJD) of the AC joint. The clinical documentation submitted for review failed to provide documentation of the above criteria. The request as submitted failed to indicate the laterality for the requested procedure. This portion of the request would not be supported. Given the above, the request for subacromial decompression plus/minus distal clavicle resection is not medically necessary.

**RIGHT SHOULDER ARTHROSCOPY, ROTATOR CUFF REPAIR, POSSIBLE LABRAL REPAIR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, SHOULDER COMPLAINTS, 560-561; and Official Disability Guidelines (ODG), Shoulder (updated 06/12/13), Surgery for SLAP lesions.

**MAXIMUS 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, Surgery for SLAP lesions

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than four (4) months plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and clear and clinical imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, for partial thickness rotator cuff tears there should be documentation of a failure of conservative care after three (3) months. The clinical documentation submitted for review indicated the injured worker had a partial tear. The injured worker was noted to be undergoing physical therapy and there was a lack of documentation of the final office note post therapy to indicate the injured worker's response to conservative care. This portion of the request would not be supported. The ACOEM Guidelines do not address labral repair. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that the surgery for SLAP lesions is recommended for type 2 and type 4 lesions if more than 50% of the tendon is involved. There was a lack of documentation indicating the type of lesion the injured worker had. This portion of the request would not be supported. Given the above, the request for right shoulder arthroscopy rotator cuff repair, possible labral repair, is not medically necessary.