

<b>Case Number:</b>	CM14-0105115		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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 injured worker is a 43year-old male truck driver who sustained an industrial injury on 11/08/2013. Injury occurred when the patient was a passenger in the cab of a truck that hit a deer causing him to impact his right shoulder. The 12/10/2013 right shoulder MRI impression documented hypertrophic degenerative change involving the acromioclavicular (AC) joint and partial thickness supraspinatus tendon tear. Conservative treatment included anti-inflammatory medication, physical therapy, activity modification, and multiple steroid injections with short term relief. The 05/01/2014 treating physician report cited right shoulder pain and discomfort, unchanged by injection on 04/10/2014. Right shoulder exam documented 140 degrees forward flexion and abduction, AC joint tenderness, positive impingement test, and biceps tendon tenderness. The clinical exam and imaging findings were reported consistent with impingement disease with tendinitis, AC joint arthritis, and questionable rotator cuff tear. The treatment plan indicated the patient had failed non-surgical treatment. Surgery was recommended to include arthroscopic examination, decompression, acromioplasty, evaluation and repair of the labrum should there be a tear, and evaluation and repair of the rotator cuff. The 06/03/2014 utilization review denied the request for right shoulder surgery as the medical necessity of a labral repair was not substantiated. The 07/17/2014 orthopedic report cited continued right shoulder pain and discomfort. Physical exam documented positive impingement test, diminished range of motion, and subacromial tenderness. There was evidence of bicipital tendonitis. A cortisone injection was provided into the subdeltoid area of the right shoulder, including the bicipital tendon sheath. Celebrex was prescribed. Surgery was again recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy, subacromial decompression, cuff and labral repair:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute LLC, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The MTUS guidelines relative to arthroscopic decompression state that conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. Guidelines for partial thickness rotator cuff tears state that surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have been met. This patient has failed comprehensive guideline recommended treatment for at least 6 months. MRI findings are positive for partial thickness rotator cuff tear and suggestive of impingement syndrome. Clinical exam findings are consistent with imaging. The provider has requested arthroscopic examination with final procedure to be determined based on operative findings. Therefore, this request for right shoulder arthroscopy, subacromial decompression, cuff and labral repair is medically necessary.