

<b>Case Number:</b>	CM14-0108132		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 patient is a male who sustained an industrial injury on 8/15/2011, to the right shoulder. He has undergone right shoulder surgery in November 2011 and May 2012. He later claimed injuries to the neck and right wrist/hand, and in around August 2013 compensable injury to the left shoulder due to overuse. MRI of the left shoulder dated 5/7/2014 reveals: grossly intact rotator cuff, no complete tears identified degeneration of the anterior and posterior glenoid labrum and there is a questionable tear in the anterior labrum, moderate arthritic changes of the acromioclavicular joint, no significant impingement, trace joint fluid, fluid in the subacromial and subdeltoid bursae. This may reflect a bursitis or tendinitis. The patient was recently re-evaluated on 5/22/2014 regarding complaints of neck, bilateral shoulder, and right wrist/hand/fingers pain. He feels bilateral shoulder pain is constant, with restricted mobility and left shoulder pain is rated 8/10. Physical examination of the left shoulder reveals tenderness on palpation over the subacromial bursa and lateral aspect, limited flexion (ROM is not quantified); pain with abduction, external rotation and flexion, and tenderness is greater in the left shoulder compared to the right. There are 16 diagnoses are listed, the diagnoses provided for the left shoulder are 7. Left shoulder sprain/strain, overcompensating pain; 8. Left shoulder sprain/strain, probably from a combination of overcompensation and probable impact from the time of injury, rule out rotator cuff tear; 9. Left shoulder subacromial bursitis, per MRI 5/7/14; 10. Left shoulder impingement with rotator cuff tendinopathy, per MRI 5/7/14. Authorization is requested for left shoulder surgery, preoperative clearance, and postop sling, cold therapy unit and PT. The patient remains temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy, subacromial decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome.

**Decision rationale:** The patient is a year old male who sustained an industrial injury on 8/15/2011, to the right shoulder. He has undergone right shoulder surgery in November 2011 and May 2012. He later claimed injuries to the neck and right wrist/hand, and in around August 2013 compensable injury to the left shoulder due to overuse. MRI of the left shoulder dated 5/7/2014 reveals: grossly intact rotator cuff, no complete tears identified degeneration of the anterior and posterior glenoid labrum and there is a questionable tear in the anterior labrum, moderate arthritic changes of the acromioclavicular joint, no significant impingement, trace joint fluid, fluid in the subacromial and subdeltoid bursae. This may reflect a bursitis or tendinitis. The patient was recently re-evaluated on 5/22/2014 regarding complaints of neck, bilateral shoulder, and right wrist/hand/fingers pain. He feels bilateral shoulder pain is constant, with restricted mobility and left shoulder pain is rated 8/10. Physical examination of the left shoulder reveals tenderness on palpation over the subacromial bursa and lateral aspect, limited flexion (ROM is not quantified); pain with abduction, external rotation and flexion, and tenderness is greater in the left shoulder compared to the right. There are 16 diagnoses are listed, the diagnoses provided for the left shoulder are 7. Left shoulder sprain/strain, overcompensating pain; 8. Left shoulder sprain/strain, probably from a combination of overcompensation and probable impact from the time of injury, rule out rotator cuff tear; 9. Left shoulder subacromial bursitis, per MRI 5/7/14; 10. Left shoulder impingement with rotator cuff tendinopathy, per MRI 5/7/14. Authorization is requested for left shoulder surgery, preoperative clearance, and postop sling, cold therapy unit and PT. The patient remains TTD.

**Post-op 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) Cervical, Shoulder, Lumbar, and Knee 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, Continuous-flow cryotherapy.

**Decision rationale:** The left shoulder surgery is not established as clinically indicated. In the absence of surgical intervention, post-operative devices are not medically necessary.

**Post-op Sling: 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:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204 & Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

**Decision rationale:** The patient is not a candidate for the proposed surgery. In the absence of surgical intervention, post-operative devices are not medically necessary.

**Post-op Physical therapy left shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The medical records do not establish the patient is a candidate for the proposed left shoulder surgery. Consequently, postoperative PT is not medically necessary.

**Pre-op medical clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines, <http://circ.ahajournals.org/cgi/content/full/116/17/e418>.

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

**Decision rationale:** The proposed left shoulder is not clinically indicated, therefore preoperative clearance is not warranted.