

<b>Case Number:</b>	CM14-0110254		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/12/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 claimant is a 57-year-old female, licensed vocational nurse, who tripped over a car stop on November 12, 2010. The records provided for review document working diagnoses to include left shoulder posttraumatic and postsurgical impingement with arthrofibrosis, status post bilateral elbow radial head surgery with arthrofibrosis, diabetes mellitus with obesity, rule out rotator cuff or biceps tendon injury. The office note dated May 15, 2014 noted persistent complaints of left shoulder pain in the interior and anterior lateral aspect of the shoulder. Physical examination revealed active and passive range of motion of the left shoulder was 0 to 150 degrees with pain at the extremes of forward flexion and abduction. She had external rotation to 30 degrees and internal rotation to L5. She had some weakness with supraspinatus testing, moderate Speed's, moderate O'Brien's test and a positive Hawkin's and positive Neer sign. The report documented that conservative treatment to date has included two injections, one of which was a subacromial injection given on January 30, 2014, multiple rounds of physical therapy, rest, ice, anti-inflammatory medications and activity modification. It is noted that there was poor quality MRI's due to the claimant's habitus. An evaluation dated February 5, 2014 documented in the report that an MRI of the left shoulder performed on November 8, 2013 showed trace fluid in the subdeltoid subacromial bursa with no signs of internal derangement. The February 5, 2014, evaluation also noted that range of motion of the shoulder was significantly less than it was on the most recent exam on May 15, 2014. This review is for a left shoulder subacromial decompression and labral debridement with a surgical assistant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder subacromial decompression and labral debridement with surgical assistant:**  
Upheld

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

**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);  
Low Back chapter Other Medical Treatment Guideline or Medical Evidence: Milliman Care  
Guidelines, 18th Edition: Assistant Surgeon: CPT® Y/N Description 29826 N : Arthroscopy,  
shoulder, surgical; decompression of subacromial with partial acromioplasty, with  
coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code  
for primary procedure).

**Decision rationale:** Based on the California ACOEM Guidelines and the Milliman Care  
Guidelines, the request for left shoulder subacromial decompression and labral debridement  
with surgical assistant is not recommended as medically necessary. The documentation lacks  
diagnostic evidence suggesting there is significant pathology within the left shoulder which may  
be amenable by the requested subacromial decompression and labral debridement. The  
documentation also suggests that in the time period from the qualified medical reevaluation on  
February 5, 2014 to the most recent note available from May 5, 2014, that the claimant had made  
significant progress in regards to range of motion and strengthening with conservative treatment.  
Due to the fact that there is a lack of diagnostic evidence confirming pathology which may be  
amenable by the requested surgical intervention and the fact that the claimant made significant  
progress in three months with conservative treatment, the medical necessity of the requested  
procedure cannot be recommended as medically necessary. According to Milliman care  
Guidelines, the surgical procedure would not require a surgical assistant.

**Post-op physical therapy 2x4 to begin 1 week after surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the  
MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons.

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

**Decision rationale:** The request for left shoulder subacromial decompression and labral  
debridement with surgical assistant is not recommended as medically necessary. Therefore, the  
request for postoperative physical therapy times eight sessions is also not medically necessary.