

<b>Case Number:</b>	CM14-0114159		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/23/1999
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 63-year-old male who sustained a vocational injury as a result of continuous repetitive trauma while working as a quality control specialist on February 23, 1999. The medical records provided for review document diagnoses to include left shoulder impingement, labral tear, Hill Sachs deformity, partial rotator cuff tear and acromioclavicular degeneration with supraspinatus tendonitis and glenohumeral osteoarthritis. The office note dated August 5, 2014 described bilateral shoulder pain and difficulty using his arm. Examination of the left shoulder revealed tenderness to palpation over the parascapular muscles, trapezius muscles, subacromial region and biceps tendon and trapezius spasm. Impingement tests were positive. Range of motion of the left shoulder was measured flexion to 90 degrees, extension to 35 degrees, abduction to 90 degrees, adduction to 30 degrees, internal rotation to 73 degrees and external rotation to 50 degrees. Motion was described as painful above 85 degrees of flexion and abduction. The patient was motorized wheelchair bound. The Agreed Medical Examiner noted on the August 23, 2010 report that the claimant had positive findings on x-ray that showed an acromion type II and positive ultrasound on January 3, 2010 which should left shoulder bursitis and an intact rotator cuff. This review is for left shoulder arthroscopic decompression, distal clavicle resection, labral tear debridement, partial thickness rotator cuff debridement versus possible repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopic decompression, distal clavicle resection, labral tear debridement, partial thickness rotator cuff debridement verses possible repair: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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); Shoulder chapter: Partial claviclectomy (Mumford procedure)ODG Indications for Surgery - Partial claviclectomy: Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:1. Conservative Care: At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation. Surgery for SLAP lesionsRecommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. The advent of shoulder arthroscopy, as well as our improved understanding of shoulder anatomy and biomechanics, has led to the identification of previously undiagnosed lesions involving the superior labrum and biceps tendon anchor. Although the history and physical examinations as well as improved imaging modalities (arthro-MRI, arthro-CT) are extremely important in understanding the pathology, the definitive diagnosis of superior labrum anterior to posterior (SLAP) lesions is accomplished through diagnostic arthroscopy. Treatment of these lesions is directed according to the type of SLAP lesion. Generally, type I and type III lesions did not need any treatment or are debrided, whereas type II and many type IV lesions are repaired. (Nam, 2003) (Pujol, 2006) (Wheeless, 2007) Shoulder surgery for SLAP tears may not be successful for many patients. For example, of pitchers who failed physical rehabilitation and then went on to surgery just 7% were able to play as well as they had before, but for pitchers who just underwent physical rehabilitation, 22% were able to play as well as they previously had. (Fedoriw, 2012)Recent research: Study quality is not high, but it is consistent, and it continues to support this procedure for selected patients. Arthroscopic repair of SLAP lesions with extensive tears can achieve good outcomes. (Huang, 2013) Good to excellent results in Oxford shoulder scores were reported in 94% of patients, and no statistical correlation was found between the patient's age, female gender, and outcome scores. (Mok, 2012) Although the rehabilitation process may be affected by a protracted period of pain, a long-term limitation of ROM after surgery is very unlikely. The results in this study are encouraging and the authors.

**Decision rationale:** California MTUS/ACOEM Guidelines have been noted. The California ACOEM Guidelines recommend that prior to considering surgical intervention for shoulder injuries and pathology, there should be therapy to increase range of motion and strengthen musculature of the shoulder even after exercise programs plus clear clinical and imaging evidence of a lesion which has been shown to benefit in both the short and long term from

surgical repair. Regarding rotator cuff pathology, partial thickness rotator cuff tear surgery should be reserved until there has been documented a minimal of three months of continuous conservative treatment that has been failed and exhausted. The ODG Guidelines for SLAP lesions note that generally type II and type III lesions do not need any treatment or debridement as opposed to type II or type IV lesions which recommend surgical intervention. The medical records do not document that type of SLAP lesion is present within the claimant's shoulder. There is a lack of documentation the claimant has had continuous conservative treatment for a minimum period of three to six months which should include antiinflammatories, formal physical therapy, home exercise program, as well as injection therapy prior to recommending and considering surgical intervention. In addition, there is a lack of documentation of a recent diagnostic study confirming if there is pathology within the left shoulder which may be amenable to surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for the left shoulder arthroscopic decompression, distal clavicle resection, labral tear debridement, partial thickness rotator cuff debridement versus possible repair cannot be considered medically necessary.

**Home health care 24 hours/day x 2 days/week x 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post operative physical therapy 3x/week x 8 weeks then 2x/week x 8 weeks then 1x/week x 8 weeks =48 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.