

<b>Case Number:</b>	CM14-0120010		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 65-year-old female teacher sustained an accepted industrial injury on 5/31/12. Injury occurred while trying to assist an agitated student into the bus and get seated during a field trip. The patient's diagnosis was cervical spine disc protrusion with right upper extremity radiculopathy, right shoulder impingement syndrome, right lateral epicondylitis, right wrist De Quervain's tenosynovitis, low back pain with bilateral lower extremity radiculopathy, right hand flexion contracture and right upper extremity complex regional pain syndrome. The 12/14/12 right shoulder MRI impression documented a small subchondral cyst in the greater tuberosity of the humeral head consistent with impingement. There was down sloping anterior lateral acromion. The 5/21/14 orthopedic consult report cited right shoulder pain and dysfunction. The shoulder was painful at night, when reaching up or overhead, when lifting, and going through the arc of range of motion. Physical exam documented acromioclavicular joint and anterior acromial margin tenderness, and flexion 175, abduction 170, internal rotation 70, and external rotation 80 degrees. Speed's and impingement tests were positive. There was discomfort on cross body abduction. There was no atrophy. The diagnosis was right shoulder impingement, acromioclavicular joint early arthrosis and small partial thickness rotator cuff tear. The provider reviewed the MRI and indicated the findings were consistent with impingement. There was a small partial thickness tear of the supraspinatus. The patient had failed conservative management with physical therapy, anti-inflammatory medications, home exercise program, and 2 steroid injections with temporary relief of pain. Right shoulder surgery was recommended. The 7/1/14 utilization review denied the request for right shoulder surgery as there was no detailed documentation of recent conservative treatment and outcome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUT PATIENT RIGHT SHOULDER ARTHROSCOPY, WITH SUBACROMIAL DECOMPRESSION, RIGHT SHOULDER DEBRIDEMENT, REPAIR OF ROTATOR CUFF AS INDICATED AT TIME OF SURGERY, BICEPS TENOTOMY, AND POSSIBLE DISTAL CLAVICLE RESECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. 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, Surgery for Impingement Syndrome.

**Decision rationale:** The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment directed to the right shoulder had been tried and failed. There is no documentation of a positive diagnostic injection test. Therefore, this request for out-patient right shoulder arthroscopy, with subacromial decompression, right shoulder debridement, repair of rotator cuff as indicated at time of surgery, biceps tenotomy, and possible distal clavicle resection is not medically necessary