

<b>Case Number:</b>	CM14-0121416		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 44-year-old female labor and delivery RN sustained an industrial injury on 3/8/14. Injury occurred when she was kicked in the right arm by a patient during a difficulty delivery. Records indicated that a right shoulder MRI was performed on 4/4/14. There is no report available for review. Records suggested that there was no MRI evidence of impingement, rotator cuff tear or tendonitis. The 7/9/14 orthopedic report cited right shoulder pain with abducting and reaching back. The patient had a trial of physical therapy. Physical exam documented tenderness over the right acromioclavicular joint and long head biceps. There was a positive impingement test and positive diagnostic injection test. The treatment plan recommended right shoulder surgery including distal clavicle excision, acromioplasty, rotator cuff repair as needed, and possible biceps tenodesis. Records indicated that the patient had attended 6 physical therapy visit with physical therapy notes documenting benefit. The 7/15/14 utilization review denied the request for right shoulder surgery as guideline criteria had not been met relative to failed conservative treatment and imaging evidence. The 8/11/14 patient appeal letter documented significant functional difficulties in work and activities of daily living and increasing pain. She reported that comprehensive conservative treatment had failed and that the orthopedist indicated to her that there were positive findings on the MRI that the radiologist had missed. An updated radiology report had been requested but was never done.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Excision Distal Clavicle, Anterior Acromioplasty, Rotator Cuff Repair as needed, possible biceps tenodesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery - Acromioplasty.

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

**Decision rationale:** The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guidelines state that resection of the outer clavicle is recommended for chronic disabling acromioclavicular joint pain after conservative care. Surgery for impingement syndrome is generally arthroscopic decompression. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. Guideline criteria have not been met. This patient presents with persistent and functionally limiting right shoulder pain with clinical exam evidence of impingement. Conservative treatment, including activity modification, medications, physical therapy, ice, and rest, have provided only temporary relief. There is no evidence of corticosteroid injections, only a diagnostic injection test. There is no imaging evidence of a surgical lesion. Therefore, this request for excision distal clavicle, anterior acromioplasty, rotator cuff repair as needed, possible biceps tenodesis is not medically necessary.