

<b>Case Number:</b>	CM14-0154934		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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:

This 57-year-old male truck driver sustained an industrial injury on 4/27/10. Injury occurred when a utility truck was backing up under a trailer and hit him on his right side. Past surgical history was positive for right shoulder arthroscopic subacromial decompression in July 2010, right shoulder arthroscopic SLAP repair in October 2012, and cervical fusion on 2/22/13. The 3/11/14 right shoulder MR arthrogram impression documented subscapularis tendinosis with moderate grade partial thickness articular surface/interstitial tearing, very low-grade partial thickness tearing of the distal infraspinatus tendon insertion, and mild supraspinatus tendinosis. There was no full thickness rotator cuff tear or retraction. There was mild irregularity of the articular surface of the superior labrum with contrast extension along the chondrolabral junction likely related to a combination of post-surgical changes and a small non-displaced SLAP tear/re-tear. There was mild fraying and blunting of the anterior superior/anterior inferior labrum possibly related to post-operative changes or mild chronic degenerative changes. There was mild osteophyte formation along the anterior and posterior glenoid. The 6/16/14 orthopedic consultant report cited persistent anterior shoulder pain around the biceps tendon with swelling and catching. He had pain mostly during the day, but occasionally at night. Right shoulder exam documented subacromial tenderness, moderate bicipital groove tenderness, and positive O'Brien's, Speed, and Yergason's tests. Range of motion testing documented forward flexion 160, abduction 150, and external rotation 70 degrees, with internal rotation to T10. Right shoulder strength was 5/5. Sensation and reflexes were normal. The diagnosis was persistent symptomatic superior labral SLAP tear and subacromial bursitis. Given the patient's persistent right shoulder symptoms and failure to improve, arthroscopic debridement with biceps tenotomy versus open bicipital tenodesis was recommended. Revision of the SLAP repair was not recommended as it was unlikely to heal given his age. The 7/22/14 primary orthopedist progress

report cited severe neck pain and popping, and right shoulder pain and swelling. Cervical spine exam documented painful and decreased range of motion, right C5/6 radiculopathy, spasms and tenderness over the cervicotrachezial ridge. Right shoulder exam documented painful range of motion, flexion and abduction to 90 degrees, and global right shoulder tenderness. The diagnosis was cervical degenerative disc disease, spondylosis C4-C7, status post cervical fusion, and status post right shoulder surgery. The treatment plan recommended right shoulder open decompression and rotator cuff repair, cold therapy unit for the right shoulder, and continued medications: Zanaflex, Tylenol #3, and Celebrex. The 8/21/14 utilization review denied the request for right shoulder open decompression and rotator cuff repair as there was no subjective or objective findings or radiographic images provided to corroborate the requested surgery. There was no documented failure of conservative treatment for 3 to 6 months consistent with guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Shoulder Open Decompression and Rotator Cuff Repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guideline, Indications for Surgery

**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; Surgery for rotator cuff repair

**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. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. The Official Disability Guidelines provide more specific indications for impingement syndrome and repair of partial thickness rotator cuff tears 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 current clinical documentation of positive impingement testing with a positive diagnostic impingement test. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the right shoulder and failure has not been submitted. Therefore, this request is not medically necessary.