

<b>Case Number:</b>	CM14-0159666		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 is a 51 year old male with a 10/28/13 injury date. In a 4/15/14 note, the provider reviewed a recent CT of the left shoulder which showed significant hypertrophic arthritis. It was felt that the patient would have significant impingement of the left shoulder due to the large hypertrophic changes within the joint. There were no subjective or objective findings documented in the note. The provider recommended decompression with arthroscopy, possible arthrotomy, and debridement. A 7/23/14 left shoulder MRI revealed severe glenohumeral joint osteoarthritic changes with complete loss of cartilage, bulky osteophytosis, and joint space narrowing. In an 8/13/14 report, there were no documented subjective or objective findings, but the provider reviewed the recent MRI. The provider noted that the initial treatment should be cortisone injections to the shoulder, and that the patient will be a candidate for shoulder replacement in the future. Diagnostic impression: left shoulder osteoarthritis. Treatment to date: unclear. A UR decision on 9/5/14 denied the request for left shoulder arthroscopy, arthrotomy, decompression, and complex debridement because surgery for glenohumeral arthritis is recommended when conservative management fails and there was limited evidence that conservative treatment was exhausted. The request for 1-day inpatient stay was denied because the associated procedure was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anthroscopy, Arthrotomy, Decompression as well as Complex Debridement, Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 9 Shoulder Complaints Page(s): 9, 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary (last updated 07/29/2014), Indications for Surgery - Acromioplasty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation George MS. Arthroscopic Management of Shoulder Osteoarthritis. The Open Orthopaedics Journal, 2008, 2, 23-26

**Decision rationale:** CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. The article by [REDACTED] states that when conservative treatment fails and operative treatments such as shoulder arthroplasty and open glenohumeral resurfacing are not advisable, shoulder arthroscopy may be used to treat shoulder arthritis. Arthroscopic treatment of concomitant pathology in the shoulder including subacromial decompression, labral repair, capsular release, microfracture, and distal clavicle excision have been shown to yield good results when combined with glenohumeral debridement in the treatment of shoulder osteoarthritis. However, there is a lack of subjective complaints, objective exam findings, and recent conservative treatment methods in the provided documentation. It does not appear that the patient has had a cortisone injection, although the provider appeared to be considering it recently. Although the patient may be a candidate for the proposed surgery, the clinical information provided is so limited that the medical necessity of the procedure is not established. Therefore, the request for Arthroscopy, Arthrotomy, Decompression as well as Complex Debridement, Left Shoulder is not medically necessary.

**One (1) Night IP Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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