

<b>Case Number:</b>	CM14-0167665		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 59-year-old male sustained an industrial injury on 9/28/12. Injury occurred when a truck tire rolled over his left shoulder. The patient was diagnosed with a coracoid process fracture and dislocated left shoulder. He underwent open reduction and internal fixation (ORIF) of the left coracoid process fracture on 6/5/14. The 9/25/14 treating physician report cited constant moderate to severe left shoulder pain, gradually worsening, and radiating up into the neck. Difficulty sleeping was noted. The patient initially felt like he was getting better after surgery, but over the past month he had been getting worse. He had significant anterior pain in the region of the coracoid process with many different activities and felt as though something was poking him. Left shoulder exam documented no erythema, soft tissue swelling, or edema. The incision was fully healed with no evidence of infection. There was moderate tenderness at the coracoid process, bicipital groove, and anterior shoulder. Passive range of motion was normal. Active humeral elevation was 150 degrees and painful. Speed's and Yergason's tests were positive. Old radiographs were reviewed and the single screw in the corticoid process appeared well-aligned but was difficult to access and may have pulled out of the base of the coracoid process. The treatment plan recommended a CT scan and authorization was requested for right shoulder open treatment of the left coracoid process non-union with internal fixation or repair, and arthroscopy acromioplasty, possible rotator cuff repair. The 10/2/14 utilization review denied the request for right shoulder surgery as there was no current imaging evidence of the non-union of the coracoid post-ORIF or current imaging findings of impingement and/or rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient open treatment of left coracoid process non-union with internal fixation or repair and arthroscopic acromioplasty and possible rotator cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation National Institutes of Health

**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, Clavicle fracture surgery, Surgery for rotator cuff repair, Acromioplasty

**Decision rationale:** The California MTUS 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. The Official Disability Guidelines provide more specific indications for 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 current imaging evidence of impingement, rotator cuff pathology, non-union of the left coracoid process, or hardware failure. The medical necessity of these procedures cannot be established in the absence of imaging evidence. Evidence of 3 to 6 month(s) of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.