

<b>Case Number:</b>	CM14-0175141		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Surgeon and Hand Surgeon and is licensed to practice in Texas and Georgia. 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:

The injured worker is a 63-year-old male who reported an injury on 10/24/2013. The mechanism of injury was while tearing up cardboard. The diagnoses included right shoulder rotator cuff tendon tear and left shoulder rotator cuff tendon tear. The previous treatments included an MRI of the right shoulder, dated 08/02/2013; physical therapy; and 2 cortisone injections to the right shoulder. Within the clinical note dated 10/01/2014, it was reported the injured worker complained of bilateral shoulder pain located in the lateral deltoid area radiating into the neck and hand. Upon physical examination, the provider noted the injured workers had a tender and prominent AC joint. The shoulders range of motion was noted to be 180/90/80. The provider indicated the injured worker had no rotator cuff weakness; however, he had pain with abduction strength testing. The provider noted a positive impingement sign test. The provider indicated the injured worker's biceps was intact. The MRI dated 08/02/2013 revealed a retracted supraspinatus tear and partial tear of the infraspinatus; subscapularis tendinosis, severe acromioclavicular joint arthrosis and glenohumeral arthritis were noted. The provider requested a right shoulder arthroscopic acromioplasty, Mumford, coracoplasty, biceps tenodesis, and arthroscopic rotator cuff repair. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 10/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopic Acromioplasty, Mumford, Coracoplasty, Biceps Tenodesis and Arthroscopic Rotator Cuff Repair, as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208, 211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Mumford procedure, Biceps tenodesis.

**Decision rationale:** The request for a right shoulder arthroscopic acromioplasty, Mumford, coracoplasty, biceps tenodesis, and arthroscopic rotator cuff repair as an outpatient is not medically necessary. The California MTUS/ACOEM Guidelines state surgical consultation may be indicated for injured workers who have red flag conditions (such as acute rotator cuff tear in young workers or glenohumeral joint dislocation); activity limitations for more than 4 months (plus the existence of surgical lesion); failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs (plus the existence of a surgical lesion); clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. A rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation and rotation, particularly acutely in younger workers. Partial thickness rotator cuff and small full thickness tears primarily as impingement surgery is reserved for cases failing conservative therapy for 3 months. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. In addition, the guidelines noted for impingement syndrome, surgery is usually arthroscopic decompression. The procedure is not indicated for those with mild symptoms or no activity limitations. Conservative care, including injections, can be carried out for at least 3 to 6 months before considering surgery. The California MTUS/ACOEM Guidelines do not address Mumford, coracoplasty, or biceps tenodesis. However, the Official Disability Guidelines state for the Mumford procedure, the guidelines recommend a diagnosis of post-traumatic arthritis of the acromioclavicular joint; failure of conservative care for at least 6 weeks directed toward symptom relief prior to surgery; subjective findings of pain at the acromioclavicular joint and aggravation of pain with shoulder motion or carrying weight; objective findings of tenderness over the AC joint (most symptomatic patients with partial acromioclavicular joint separation have a positive bone scan), and/or pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial; plus imaging findings of post-traumatic changes of the acromioclavicular joint. The guidelines note for biceps tenodesis, it is recommended in patients over the age of 40 years old, after a failure of 3 months of conservative therapy (including NSAIDs and physical therapy), history and physical examinations and imaging indicate pathology, and a definitive diagnosis of a SLAP lesion is diagnostic arthroscopy. The clinical documentation submitted indicated the injured worker had 2 cortisone injections to the right shoulder with temporary relief. The official MRI noted a full thickness oblique tear through the posterior labrum. However, there is a lack of documentation indicating the injured worker had failed conservative therapy (including physical therapy and medication), and including the length of time and the efficacy of the previous treatments were not submitted for clinical review. Additionally, there is a lack of subjective findings indicating the injured worker complained of pain at the acromioclavicular joint. There is a lack of documentation indicating the injured worker had activity limitations. Additionally, the imaging studies did not corroborate the findings of a rotator cuff tear. Therefore, the request is not medically necessary.

