

<b>Case Number:</b>	CM14-0181127		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Orthopedic Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas. 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 36-year-old female who reported an injury on 06/01/2007 due to falling while on a field trip with her class. Diagnosis is right shoulder partial rotator cuff tear and dislocation of the biceps tendon, biceps labral pathology and AC joint degeneration, impingement, chronic pain, and not yet permanent and stationary. X-ray revealed type II acromion with AC joint degeneration. MRI revealed moderate tendinosis of the supraspinatus tendon with interstitial tearing and medial subluxation of the long head of the biceps with a partial tear of the subscapularis. The injured worker had a previous left shoulder surgical repair. Physical examination on 09/10/2014 revealed complaints of difficulty reaching, pushing, pulling, and carrying with the right arm and shoulder. The injured worker has had physical therapy with no improvement. Examination of the right shoulder revealed right shoulder had better than 85 to 90% of active and 100% of passive range of motion with motor strength of 4/5 to 4+/5, with a positive Speed's and O'Brien's test, and a cross body sign. There was tenderness at the AC joint. There was no discomfort with resistive supraspinatus isolation. Treatment plan was to proceed with right shoulder arthroscopic surgery. Also, for postoperative rehabilitation that would include physical therapy and a CPM machine to optimize range of motion. The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with biceps tenotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

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

**Decision rationale:** The California ACOEM states referral for surgical consultation may be indicated for patients who have red flag conditions such as acute rotator cuff tear in a young worker, glenohumeral joint with dislocation, activity limitation for more than 4 months, plus existent of a surgical lesion and if there is failure to increase range of motion and strength of the musculature around the shoulder, even after exercise programs, plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The guidelines state for ruptured biceps tendon, ruptures of the proximal (long head) of the biceps tendon, are usually to degenerative changes in the tendon. They can almost always be managed conservatively because there is no accompanying function disability. Surgery may be desired for cosmetic reasons, especially by young bodybuilders, which is not necessary for function. Conservative treatment of the right shoulder did not indicate the number of visits of physical therapy that the injured worker participated in. It was not reported that the injured worker was participating in a home exercise program. Medications were not reported for the injured worker, nor were any type of injectable medications. The provider also indicated that the injured worker was a "brittle diabetic," who had type I diabetes. There is a lack of documentation of conservative care. The clinical documentation submitted for review does not provide evidence to support the decision for right shoulder arthroscopy with biceps tenotomy. Therefore, this request is not medically necessary.

**Right shoulder arthroscopy with distal clavicle resection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Partial Claviclectomy (Mumford procedure)

**Decision rationale:** The Official Disability Guidelines state that criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint. Patient should have at least 6 weeks of conservative care directed toward symptom relief, subjective findings of pain at AC joint, aggravation of pain with shoulder motion or carrying weight. There should be objective clinical findings of tenderness over the AC joint and/or pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial; and imaging clinical findings of post-traumatic changes of AC joint or severe DJD of AC joint or complete or incomplete separation of AC joint and a bone scan is positive for AC joint separation. The patient did not have a bone scan submitted. Conservative treatment of the right shoulder did not indicate the number of visits of physical therapy that the injured worker participated in. It was

not reported that the injured worker was participating in a home exercise program. Medications were not reported for the injured worker, nor were any type of injectable medications. The provider also indicated that the injured worker was a "brittle diabetic," who had type I diabetes. There is a lack of documentation of conservative care. Therefore, this request is not medically necessary.

**Right shoulder arthroscopy with decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

**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 , Arthroplasty (shoulder)

**Decision rationale:** The Official Disability Guidelines criteria for shoulder arthroplasty is glenohumeral and acromioclavicular joint osteoarthritis, post-traumatic arthritis, or rheumatoid arthritis with all of the following: The patient should have severe pain (preventing a good night's sleep) or functional disability that interferes with activities of daily living or work; & a positive radiographic findings (e.g., shoulder joint degeneration, severe joint space stenosis); & have conservative therapies (including NSAIDs, intra-articular steroid injections, and physical therapy) have been tried for at least 6 months and failed; & if rheumatoid arthritis only, tried and failed anti-cytokine agents or disease modifying anti-rheumatic drugs. Conservative treatment of the right shoulder did not indicate the number of visits of physical therapy that the injured worker participated in. It was not reported that the injured worker was participating in a home exercise program. Medications were not reported for the injured worker, nor were any type of injectable medications. The provider also indicated that the injured worker was a "brittle diabetic," who had type I diabetes. There is a lack of documentation of conservative care. Therefore, this request is not medically necessary.

**Right shoulder arthroscopy with rotator cuff repair only if felt necessary: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

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

**Decision rationale:** The decision for right shoulder arthroscopy with rotator cuff repairs only if felt necessary is not medically necessary. The CA MTUS/ACOEM recommends rotator cuff repair as indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial-thickness or smaller full thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing

conservative therapy for three months. The preferred procedure is usually arthroscopic decompression, which involves debridement of inflamed tissue, burring of the anterior acromion, lysis and, sometimes, removal of the coracoacromial ligament, and possibly removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. Conservative treatment of the right shoulder did not indicate the number of visits of physical therapy that the injured worker participated in. It was not reported that the injured worker was participating in a home exercise program. Medications were not reported for the injured worker, nor were any type of injectable medications. The provider also indicated that the injured worker was a "brittle diabetic," who had type I diabetes. There is a lack of documentation of conservative care. Therefore, this request is not medically necessary.

**Associated Surgical service: Rental of continuous passive motion machine for 21 days:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

**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.

**Associated Surgical service: Airplane sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

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

**Decision rationale:** The decision for Airplane sling is not medically necessary. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical service: Post-operative physical therapy, 12 sessions over 4-6 weeks, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**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.

**Associated Surgical service: Assistant PAC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**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.