

Case Number:	CM14-0031839		
Date Assigned:	06/20/2014	Date of Injury:	08/09/2011
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopaedic 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 63-year-old female machine operator sustained an industrial injury on 8/9/11, when she fell off a 2-foot step while cleaning a machine. Past medical history was positive for right shoulder arthroscopy with labral debridement and right rotator cuff mini open repair on 7/17/01, and bilateral carpal tunnel releases. She underwent right shoulder arthroscopic surgery for subacromial spurs in June 2012. She was not able to take anti-inflammatory medications as she is on Coumadin. In December 2013, he reported increasing shoulder pain with cracking and popping associated with work duties. The 2/12/14 chart notes documented physical exam findings of right shoulder range of motion with 80 degrees of abduction and forward flexion, 80 degrees external rotation, internal rotation to greater trochanter. Left shoulder range of motion documented 90 degrees of abduction and forward flexion, 50 degrees external rotation, internal rotation to the left buttock. Right shoulder tenderness was noted over the anterior acromion, biceps tendon, and acromioclavicular joint. She had a positive Speed, positive impingement test, negative key test, negative rent test, and positive Hawkin's sign. Right shoulder x-rays showed residual anterior acromion. The diagnosis was persistent right shoulder impingement syndrome with associated biceps tendonitis, and possible coracoid impingement, and acromioclavicular arthropathy. A revision arthroscopic subacromial decompression, Mumford procedure, biceps tendon release, and coracoplasty was recommended. The 2/27/14 utilization review denied the request for right shoulder surgery based on an absence of subjective findings of painful arc of motion, objective findings of weak or absent abduction, and no clear documentation of imaging findings of impingement. The 3/21/14 PQME report documented subjective complaints of grade 8/10 bilateral shoulder pain that limits her house cleaning ability. He noted no attempted conservative treatment. Right shoulder physical exam findings documented tenderness to palpation over the trapezius, acromioclavicular joint, and bicipital groove, positive right

impingement sing, negative apprehensive testing, and symmetrical arm and forearm measurements. Right shoulder range of motion was 120 degrees forward flexion and abduction, 20 degrees extension and adduction, and 40 degrees internal and external rotation. Additional records review was needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Subacromial Decompression Mumford procedure Biceps Tendon Release Coracoplasty: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, ACROMIOPLASTY, PARTIAL CLAVICULECTOMY, SURGERY FOR BICEPS TENDON RUPTURE.

Decision rationale: Under consideration is a request for right shoulder arthroscopic subacromial decompression, Mumford procedure, biceps tendon release, and coracoplasty. The California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines for acromioplasty generally require 3 to 6 months of conservative treatment, and subjective, objective, and imaging clinical findings consistent with impingement. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. The ODG state that consideration of biceps tenodesis should include evidence of an incomplete tear with associated subjective/objective clinical findings. Guideline criteria have not been fully met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There are no recent imaging findings evidencing impingement or acromioclavicular joint pathology. There is no imaging evidence of biceps pathology. Therefore, this request for right shoulder arthroscopic subacromial decompression, Mumford procedure, biceps tendon release, and coracoplasty is not medically necessary.