

<b>Case Number:</b>	CM14-0031901		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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 55-year-old female emergency medical technician sustained an industrial injury on 6/22/12 while performing a 4-man lift of a patient on a backboard. The 6/26/13 right shoulder MRI documented capsular hypertrophy and most pronounced acromioclavicular and subacromial joint degenerative joint disease. There was mild effusion, subacromial bursitis, and a tiny area of possible full thickness in the supraspinatus. The 1/2/14 treating physician report documented right shoulder joint pain. Right shoulder physical exam findings documented flexion 140 degrees, extension 35 degrees, and abduction 80 degrees, with positive impingement test. The 2/20/14 treating physician report cited persistent and worsening right shoulder pain with difficulty with above shoulder level activities. Physical exam findings were essentially unchanged with marked right acromioclavicular joint tenderness, loss of right shoulder abduction and external rotation, and diffuse subacromial space pain. The diagnosis was right shoulder adhesive capsulitis, right shoulder impingement with severe right acromioclavicular joint degenerative joint disease, and small rotator cuff tear. She had completed conservative treatment including anti-inflammatory medication, analgesics, activity modification, physical therapy, and cortisone injection with very minimal temporary relief. The 2/28/14 utilization review denied the request for right shoulder surgery based on no recent exam findings or documentation of recent aggressive physical therapy and serial cortisone injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Rotator Cuff Repair with Mumford Procedure:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation ODG shoulder; and the online article, "Direct Arthroscopic Distal Clavicle Resection".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Shoulder, Surgery For Rotator Cuff Repair, Partial Claviculectomy.

**Decision rationale:** Under consideration is a request for right shoulder rotator cuff repair with Mumford procedure. The California MTUS guidelines do not address rotator cuff repair for chronic injuries. The Official Disability Guidelines (ODG) indicate that, for partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria for partial claviculectomy 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. Guideline criteria have been met. This patient has undergone comprehensive conservative treatment with continued pain and significant functional impairment. The patient has positive impingement signs, marked right acromioclavicular joint tenderness, and loss of shoulder abduction and external rotation. Imaging findings document severe acromioclavicular joint degenerative joint disease with a plausible small full thickness supraspinatus tear. Therefore, this request for right shoulder rotator cuff repair with Mumford procedure is medically necessary.