

<b>Case Number:</b>	CM14-0037593		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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 56-year-old female who reported an injury on 08/27/2011. The injured worker underwent a right shoulder arthroscopic debridement and subacromial decompression on 04/18/2013. The mechanism of injury was not provided. The injured worker underwent an MRI of the right shoulder on 10/31/2013 which revealed there was an unchanged moderate supraspinatus tendinosis with low grade interstitial tearing of its anterior fibers at the footprint measuring 4 mm x 5 mm, and there was no rotator cuff muscle atrophy, there was no labral tear or labral detachment. There was an unchanged mild long biceps tendinosis without medial subluxation or tenosynovitis. There was an unchanged mild acromioclavicular arthrosis without reactive bone marrow edema. The injured worker was status post subacromial decompression. The injured worker underwent a physical examination on 02/19/2014 which revealed the injured worker was participating in her home exercise program and was frustrated with her condition. Objective findings revealed tenderness over the anterolateral acromion and biceps tendon. There was tenderness over the AC joint. The Hawkins impingement sign was positive. The rotator cuff strength was 5/5. The diagnosis included right shoulder status post arthroscopy 04/18/2013 with debridement and subacromial decompression. The injured worker underwent a postsurgical cortisone injection on 07/03/2013. The treatment plan included a debridement and further subacromial decompression and a Mumford procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy subacromial decompression and Mumford procedure: Upheld**

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

**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 Chapter, Partial claviclectomy (Mumford procedure).

**Decision rationale:** The California MTUS Guidelines recommend surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short-term from surgical repair. Additionally, a subacromial decompression is not indicated for injured workers who have mild symptoms with no activity limitations. There should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. There should be documentation of impingement upon MRI. The clinical documentation submitted for review indicated the injured worker had failed conservative treatment. The injured worker had a positive Hawkins impingement sign. There were no objective findings upon MRI. As such, this portion of the request would not be supported. The Official Disability Guidelines indicate that a partial claviclectomy may be appropriate for diagnosis of posttraumatic arthritis of the AC joint with at least 6 weeks of care directed at symptomatic relief prior to surgery, pain at the AC joint, aggravation of pain with shoulder motion or carrying weight, tenderness over the AC joint objectively, and conventional films that showed posttraumatic changes of the AC joint. The clinical documentation submitted for review indicated the injured worker had mild acromioclavicular arthrosis. Objective findings revealed tenderness over the AC joint. However, there was a lack of documentation indicating the injured worker had aggravation of pain with shoulder motion or carrying weight. Given the above, the Mumford procedure would not be supported. Given the above, the request for right shoulder arthroscopy, subacromial decompression, and Mumford procedure is not medically necessary.