

<b>Case Number:</b>	CM14-0040512		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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 is a 60-year-old female who sustained vocational injuries on 4/7/12. The records provided for review indicate that the claimant underwent right shoulder surgical intervention but there is no documentation of previous left shoulder surgery. The working diagnosis is shoulder impingement with acromioclavicular joint arthrosis and possible cuff tear. The report of the 2/25/14 office visit noted left shoulder pain and difficulty sleeping. On examination, she had a positive Hawkins, Neer, and cross body test and 4/5 rotator cuff strength. A report of radiographs dated 7/25/13 showed a hooked acromion, no significant glenohumeral joint arthrosis and degenerative changes of the acromioclavicular joints. A previous Utilization Review noted that an MRI performed on 10/3/12 showed acromioclavicular joint arthropathy, rotator cuff tendinosis, and a partial thickness tear consistent with impingement. Conservative treatment to date has included activity modification, medication, acupuncture, and electrical stimulation. The current request is for a left shoulder arthroscopic subacromial decompression, Mumford procedure, rotator cuff repair v. debridement with treatment of other pathologies if indicated intraoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative physical therapy 2 times a week for 6 weeks:** Upheld

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

**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 - Mumford Procedure Partial claviclectomy (Mumford procedure) ODG Indications for Surgery -- Partial claviclectomy: Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint: 1. Conservative Care: At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS 2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS 3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS 4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.

**Decision rationale:** The request for left shoulder arthroscopic subacromial decompression, Mumford procedure and rotator cuff repair versus debridement is not recommended as medically necessary. Therefore, the request for post-operative physical therapy times twelve sessions cannot be considered medically necessary.

**Left shoulder Arthroscopic subacromial decompression, Mumford procedure, and rotator cuff repair versus debridement with treatment of other pathologies if indicated:** 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), Indications for surgery.

**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 - Mumford Procedure Partial claviclectomy (Mumford procedure) ODG Indications for Surgery -- Partial claviclectomy: Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint: 1. Conservative Care: At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS 2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS 3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS 4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.

**Decision rationale:** California MTUS/ACOEM Guidelines and supported by the Official Disability Guidelines do not support the request for left shoulder arthroscopic subacromial decompression, Mumford procedure and rotator cuff repair versus debridement. Both Guidelines

recommend conservative care prior to consideration for surgery. The records do not document that the claimant has undertaken a continuous conservative course of treatment for a 3-6 month period to include formal physical therapy and consideration of injection therapy. Based on the documentation presented for review and in accordance with California MTUS/ACOEM Guidelines, the request for the left shoulder surgical intervention cannot be considered medically necessary.