

<b>Case Number:</b>	CM14-0042184		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 and 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 65-year-old male who reported an injury on 12/03/2013. Prior treatments included physical therapy. The mechanism of injury was the injured worker was lifting a 20-pound box and felt a strain on his right shoulder. The injured worker underwent an MRI of the right shoulder without contrast on 02/10/2014, which revealed a full thickness tear involving the anterior lateral supraspinatus tendon with a tendon gap of 2 x 2 cm. The posterior fibers of the supraspinatus tendon inserted at the lateral humeral head and there was no gross tendon retraction. There was tendinosis of the lateral subscapularis and infraspinatus tendons and also the uppermost course of the long head of the biceps tendon. There was severe arthritis in the acromioclavicular joint with undersurface spur formation and capsular hypertrophy extending up to 6 mm and indenting on the tendinomuscular junction of the supraspinatus. The examination on 03/26/2014 revealed the injured worker had right shoulder pain at the superior lateral and anterior shoulder that was constant. There was associated numbness and tingling. The symptoms were made worse by lifting, carrying, pushing, pulling, reaching, and lifting overhead. The injured worker had decreased range of motion in abduction, adduction, extension, flexion, and internal and external rotation. The motor strength of the supraspinatus was 3 to 4/5 and of the biceps 4 to 5/5 in the right shoulder. The injured worker had a positive impingement test 1 and 2 as well as a positive drop arm test. The injured worker had a positive empty can test. The diagnoses included right shoulder full thickness rotator cuff tear supraspinatus with retraction and right shoulder impingement syndrome. The non-occupational diagnoses included severe AC joint DJD with spurring and curved acromion process. The treatment plan included a discussion of x-rays of the right shoulder, and an MRI of the right shoulder. It was noted the injured worker had undergone treatment with medications, modified work restrictions, and 6

sessions of physical therapy. The treatment plan included a right shoulder arthroscopy, subacromial decompression, and rotator cuff repair with 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, rotator cuff repair and mumford procedure:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines. Official Disability Guidelines (ODG), Treatment in Workers Comp, Integrated treatment/ Disability Duration Guidelines.

**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, Surgery for rotator cuff repair.

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months, the failure to increase range of motion and strength of musculature around the shoulder even after exercise programs, plus the existence of a surgical lesion, including objective findings upon imaging and objective physical examination. Rotator cuff repair is appropriate for significant tears that impair activities by causing weakness of arm elevation or rotation particularly acutely in younger workers and they indicate the surgery for impingement syndrome is usually arthroscopic decompression. However, they do not specifically address the criteria for a rotator cuff repair and subacromial decompression. As such, secondary Guidelines were sought. The Official Disability Guidelines indicate the criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear and cervical pathology and frozen syndrome have been ruled out include shoulder pain and inability to elevate the arm, tenderness over the greater tuberosity is common in most cases, plus the injured worker may have weakness on abduction testing and may demonstrate atrophy of the shoulder musculature. Usually, the injured worker has full passive range of motion plus on conventional x-rays AP and true lateral or axillary views and MRI there is positive evidence of a deficit in the rotator cuff. The injured worker had slight atrophy in the prominence of the right scapula spinous process. The injured worker had decreased range of motion including 10 degrees of internal rotation and 70 degrees of external rotation. The injured worker had decreased motor strength in the supraspinatus and biceps on the right. The injured worker had MRI findings. However, there was a lack of documentation indicating that cervical pathology and frozen shoulder syndrome had been ruled out. Additionally, there was a lack of documentation indicating the injured worker had an inability to elevate the arm. The injured worker had complaints of numbness and tingling and as such, cervical pathology has not been ruled out. The notes do not indicate whether the range of motion measurements are in active range of motion or passive. Therefore, a frozen shoulder cannot be ruled out. As such, the entire request would not be supported. Given the above, the request for Right Shoulder, Arthroscopy, subacromial decompression, rotator cuff repair and mumford procedure is not medically necessary.

**Pre-op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines. Official Disability Guidelines (ODG), Treatment in Workers Comp, Integrated treatment/ Disability Duration Guidelines.

**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.