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| <b>Case Number:</b>   | CM14-0047913 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 02/05/2013 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 03/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/16/2014 |

### 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 35-year-old male sustained an industrial injury on 2/5/13, relative to heavy work. He underwent left shoulder arthroscopy with extensive intra-articular debridement, subacromial decompression, and acromioplasty on 8/28/13 with 30 visits of post-operative physical therapy. The 1/20/14 right shoulder MRI impression documented the rotator cuff intact with slight supraspinatus and infraspinatus tendinosis. There were no significant partial tears. There was low grade acromioclavicular joint degenerative change and mild lateral downsloping of the acromion. There was a mild type III downward hook on the anterior acromion. There was slight soft tissue edema but no indication of bursitis. The 2/20/14 treating physician report cited improvement after left shoulder surgery but the patient remained limited with the right shoulder range of motion and tenderness to palpation. Shoulder range of motion (right/left) testing demonstrated flexion 90/130, abduction 90/120, and external rotation 90/90 degrees. Rotator cuff strength was 5/5 bilaterally. The patient desired right shoulder arthroscopy. Celebrex as prescribed. The patient was capable of modified work. The 3/11/14 utilization review denied the request for right shoulder surgery based on an absence of clinical findings to support the medical necessity of the request. The 4/10/14 treating physician report cited moderate right shoulder pain, worse with overhead movement. Pain was described as 10/10. Right shoulder active range of motion was flexion 95, abduction 85, external rotation 90, and internal rotation 50 degrees. Passive range of motion was flexion 170 and abduction 110 degrees. Positive impingement at 110 degrees. Rotator cuff strength was 5-/5 with no atrophy. The patient reported that physical therapy had made him worse. MRI documented an intact rotator cuff but a downsloping acromion. He had moderate improvement with left shoulder surgery. Due to on-going and worsening impingement symptoms, right shoulder arthroscopic decompression was warranted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Shoulder Arthroscopy with Subacromial Decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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, Surgery for impingement syndrome.

**Decision rationale:** The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been show to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment directed to the right shoulder had been tried and failed. Physical therapy over the prior 8 months has been focused on the left shoulder. There is no evidence of a positive diagnostic injection test, tenderness over the anterior acromial area, or abduction weakness. Therefore, this request for right shoulder arthroscopy with subacromial decompression is not medically necessary.