

<b>Case Number:</b>	CM14-0057682		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 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 66-year-old male truck driver sustained an industrial injury on 5/4/10, relative to a rear-end motor vehicle accident. Injuries were reported to the neck, low back, knee and shoulder. The 7/28/11 right shoulder MRI impression documented mild acromioclavicular joint arthropathy, distal supraspinatus and infraspinatus tendinopathy, linear delaminating infraspinatus tear, and synovial hyperplasia. There was increased signal in the superior labrum suspicious for a degenerative type I SLAP tear. There was no evidence in the records of conservative treatment, other than anti-inflammatories, since 2012. There was little change noted in the subjective or objective presentation over time. The 3/3/14 orthopedic report cited constant and severe right shoulder pain, aggravated by repetitive above shoulder level activities and strenuous right lower extremity activity. He was unable to sleep on the right side, and had difficulty with grasping, pulling, pushing, and day to day activities. He complained of right grip strength weakness. Right shoulder exam documented acromioclavicular joint and anterior shoulder tenderness, and positive Yergason's, Speed's, Neer and Hawkin's tests. Range of motion was documented as abduction 130, flexion 140, extension 30, external rotation 60 and internal rotation 50 degrees. The diagnosis was right shoulder impingement syndrome with subacromial bursitis and rotator cuff tendonitis. The treatment plan recommended right shoulder arthroscopic surgery with subacromial decompression. The 4/16/14 utilization review denied the request for right shoulder surgery based on an absence of significant change in symptoms over the past two years, diagnostic findings from 2011 did not demonstrate impingement, and recent comprehensive conservative treatment measures have not been attempted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right shoulder arthroscopic surgery with subacromial decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Acromioplasty.

**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 impingement syndrome.

**Decision rationale:** The California MTUS Guidelines do not address acromioplasty for chronic injuries. The Official Disability Guidelines for acromioplasty state there should be clinical findings of 3 to 6 months of conservative treatment plus weak or absent abduction, positive impingement sign with a positive diagnostic injection test, and positive imaging evidence of impingement. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment has been tried and failed. There is no documentation of a positive diagnostic injection test. There are no clinical exam findings relative to strength. Therefore, this request for right shoulder arthroscopic surgery with subacromial decompression is not medically necessary.