

<b>Case Number:</b>	CM14-0060033		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 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 52-year-old male who reported injury on 09/20/2013. The mechanism of injury was the injured worker was riding his bicycle at work and fell. The injured worker had left shoulder surgery and a rotator cuff repair in 2003. The injured worker underwent surgery on the right shoulder in 2008. The injured worker underwent an magnetic resonance imaging (MRI) of the left shoulder on 02/10/2014 which revealed there was a linear signal in the distal supraspinatus tendon suspicious for a small intrasubstance tear. There was mild tendinopathy of the superior fibers of the distal subscapularis tendon and the intra-articular portion of the long head biceps tendon. There was a tear of the posterior inferior labrum with an adjacent paralabral cyst. There was a minimal posterior subluxation of the humeral head. There were mild glenohumeral degenerative changes with thinning of the articular cartilage. There was also moderate acromioclavicular degenerative joint disease with narrowing of the shoulder outlet. The documentation of 04/09/2014 revealed the injured worker had worsening pain and would like surgery. The injured worker indicated he had pain at the anterior and lateral aspects with popping, catching, instability, night pain, weakness, limited range of motion and tingling distally. The injured worker's medications included Ultracet 37.5/325 mg, Ibuprofen, Norco, and Losartan Potassium. The physical examination of the shoulder revealed the injured worker had no atrophy, maximum tenderness at the AC joint, anterior bursa, and lateral bursa. The injured worker had a positive Neer and Hawkins test and decreased range of motion and an active painful range of motion on the left shoulder. The diagnoses included a SLAP lesion with joint arthritis, acromioclavicular joint arthritis, rotator cuff tear, adhesive capsulitis, impingement syndrome, and pain in the shoulder. The treatment plan included surgery of a SLAP repair, synovectomy, debridement, distal claviclectomy, Mumford procedure, decompression, rotator cuff repair, and a suprascapular nerve block.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy, SLAP repair, complete synovectomy, extensive debridement, distal claviclectomy/Mumford, decompression, rotator cuff repair, suprascapular nerve block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for SLAP Lesion, Partial Claviclectomy.

**Decision rationale:** The ACOEM Guidelines indicate a referral for a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months plus the existence of surgical lesion, and a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs as well as clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short-term from surgical repair. They further indicate that partial thickness rotator cuff tears and small thickness rotator cuff tears present primarily as impingement and are reserved for cases failing conservative care for at least 3 months and that the surgery for impingement syndrome is decompression and there should be documentation indicating conservative care, including cortisone injections have been carried out for at least 3 to 6 months. The injured worker had objective findings upon physical examination and magnetic resonance imaging (MRI) examination. The clinical documentation submitted for review indicated the injured worker had conservative care including physical therapy. However, there was lack of documentation indicating the injured worker had an injection. This portion of the request would not be supported. The MRI revealed a tear of the posterior inferior labrum with an adjacent paralabral cyst. The Official Disability Guidelines indicate that SLAP lesion repair is recommended for a type 2 or type 4 lesions. There was a lack of documentation indicating the injured worker had a Type 2 or Type 4 lesion. This portion of the request would not be supported. The Official Disability Guidelines also indicate that the criteria for partial claviclectomy with the diagnosis of posttraumatic arthritis of the AC joint include conservative care for at least 6 weeks plus pain at the AC joint, aggravation of pain with shoulder motion or carrying weight, and tenderness over the AC joint, and/or pain relief obtained from an injection of anesthetic. There should be documentation the injured worker has conventional films showing posttraumatic changes of the AC joint. There was documentation the injured worker had an x-ray on 09/20/2013 which revealed degenerative changes of the acromioclavicular joint. The injured worker had limited range of motion and pain, which support aggravation with shoulder motion. This portion of the request would be supported. However, the request in its entirety is not supported. Given the above, the request for Left shoulder arthroscopy, SLAP repair, complete synovectomy, extensive debridement, distal claviclectomy/Mumford, decompression, rotator cuff repair, suprascapular nerve block is not medically necessary.