

<b>Case Number:</b>	CM14-0065729		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Orthopaedic 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 60-year-old male sustained an industrial injury on 7/27/11, relative to a slip and fall. Records indicated that an 11/1/12 right shoulder MRI showed acromioclavicular joint degenerative changes, supraspinatus tendinopathy, and humeral head subchondral cyst. Past surgical history was positive for left shoulder arthroscopic subacromial decompression and distal clavicle excision on 3/11/13, and bilateral carpal tunnel releases with ulnar nerve decompression at the wrists. The patient underwent anterior cervical discectomy and fusion on 11/20/13. The 1/17/14 treating physician report cited slight bilateral shoulder stiffness at end range of motion with impingement sign positive on the right and equivocal on the left. The 2/28/14 treating physician report cited some neck pain radiating down the arms with numbness. Exam noted some stiffness at the left shoulder with positive impingement sign. Post-operative therapy and surgical records indicated that shoulder strength is symmetrical and normal. The 4/18/14 treating physician report indicated that the patient had completed post-op therapy for his neck. He had continued right shoulder and bilateral hand pain and numbness. Right shoulder exam findings documented slight stiffness with pain on range of motion, slight acromioclavicular joint tenderness, and positive impingement sign. Upper extremity exam findings documented positive Tinel's at the cubital and carpal tunnels bilaterally and diminished grip strength. The diagnosis was right shoulder impingement with acromioclavicular arthrosis, bilateral forearm tendinitis, bilateral cubital tunnel syndrome, and trapezial and paracervical strain. The right shoulder had failed to respond to corticosteroid injections, therapy, rest, and anti-inflammatory medications. Authorization was requested for right shoulder arthroscopy with subacromial decompression and distal clavicle excision. The 5/5/14 utilization review denied the request for right shoulder surgery citing an absence of recent conservative treatment and no recent imaging studies.

## 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 and Excision of the Distal Clavicle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (TWC), Online Edition, Chapter: Shoulder.

**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, Partial Claviculectomy.

**Decision rationale:** The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for 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 for partial claviculectomy additionally require imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no evidence of a positive diagnostic injection test consistent with exam findings. There is no documentation of abduction weakness, painful arc of motion, or night pain. There is no detailed imaging evidence of impingement or severe acromioclavicular joint disease. Therefore, this request for right shoulder arthroscopy with subacromial decompression and excision of the distal clavicle is not medically necessary.