

<b>Case Number:</b>	CM14-0068871		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Hand Surgery 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 38-year-old female who reported injury on 05/14/2013. Prior treatments included 12 sessions of physical therapy and 6 sessions of chiropractic care. The mechanism of injury was an incident in which 2 cases of beer were coming down her aisle, and when the injured worker went to lift the cases of beer, she felt pain in both her lower back and right shoulders. The injured worker underwent an MRI of the right shoulder without contrast on 12/11/2013 which revealed tendinosis and a partial thickness bursal-sided tear involving the supraspinatus tendon. There was mild tendinosis involving the infraspinatus without tendon tear. There was no evidence of a full-thickness rotator cuff tear, tendon retraction or substantial muscle atrophy. The documentation of 03/31/2014 revealed the injured worker had subjective complaints of right shoulder pain and knee pain and weakness. The right shoulder pain was worse with overhead activity. The documentation indicated the injured worker's symptoms had not responded to conservative treatment, which had included physical therapy, chiropractic care, acupuncture, anti-inflammatory medications and a cortisone injection. The physical examination revealed the injured worker had tenderness over the deltoid complex. The Neer's and Hawkins-Kennedy tests were positive. Manual muscle testing revealed 4/5 strength with flexion, abduction, extension, adduction, internal and external rotation. The range of motion was restricted due to pain. The injured worker had decreased range of motion in flexion, abduction and internal and external rotation. The diagnoses included right shoulder impingement syndrome and right shoulder partial supraspinatus tear. The treatment plan included a diagnostic arthroscopy, possible synovectomy, labral repair, subacromial decompression, distal clavicle excision and rotator cuff repair. Additionally requested were a preoperative medical clearance, postoperative physical therapy, postop shoulder sling and postop cold therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder Arthroscopy, possible synovectomy, labral repair, subacromial decompression, distal clavicle excision and rotator cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder chapter, ODG Indications for Surgery -- Rotator cuff repair.

**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, Partial claviclectomy, Surgery for SLAP lesions.

**Decision rationale:** The ACOEM Guidelines indicate a referral for surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion, and/or failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. Additionally, they indicate that for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months; and, for the treatment of impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. This portion of the request for the subacromial decompression and rotator cuff repair would be supported, as it was indicated the injured worker had failed conservative care including injections. The California MTUS Guidelines do not specifically address distal clavicle excision or labral repair. As such, secondary guidelines were sought. Official Disability Guidelines indicate that a partial claviclectomy may be appropriate if there is documentation of at least 6 weeks of conservative care, pain at the acromioclavicular (AC) joint, aggravation of pain with shoulder motion or carrying weight, and tenderness over the AC joint and/or pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial, plus conventional films showing posttraumatic changes of the AC joint. The clinical documentation submitted for review indicated the injured worker had failed conservative care and had an aggravation of pain with shoulder motion. There was lack of documentation of specific pain at the AC joint and conventional films showing posttraumatic AC changes. This portion of the request for the distal clavicle excision would not be supported. The Official Disability Guidelines recommend surgery for SLAP lesions for type 2 or type 4 lesions if more than 50% of the tendon is involved. The clinical documentation submitted for review failed to provide evidence that the injured worker had a SLAP lesion tear. This portion of the request would not be supported. The request in its entirety must be considered. Given the above, the request for right shoulder arthroscopy, possible synovectomy, labral repair, subacromial decompression, distal clavicle excision and rotator cuff repair is not medically necessary.

**Preoperative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Postoperative Physical Therapy x12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Shoulder sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.