

<b>Case Number:</b>	CM14-0071775		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/12/2007
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 70-year-old male truck driver sustained an industrial injury on 10/12/07. Injury occurred when he fell off a truck, landing in a seated position. The 1/21/14 initial orthopedic report cited subjective complaints of neck pain radiating to the left arm associated with numbness, bilateral shoulder pain aggravated with raising his arms, and low back pain radiating to the left leg. Bilateral shoulder exam documented tenderness over the rotator cuff insertion laterally and positive Neer and Hawkin's tests. Range of motion was documented with flexion 140 degrees and abduction 100 degrees. The diagnosis included bilateral shoulder impingement syndrome. There was no discussion of conservative treatment provided to date. The 2/19/14 right shoulder MRI impression documented joint effusion, anterior and posterior capsulitis and sprain, Type I acromion, acromioclavicular joint arthrosis, extrinsic impingement on the traversing underlying supraspinatus, impingement on the overlying deltoid, supraspinatus tendinosis, possible partial tear of the supraspinatus, SLAP tear, cysts in the humeral head, and possible bicipital tenosynovitis. The 2/19/14 left shoulder MRI impression documented joint effusion, anterior and posterior capsulitis and sprain, acromioclavicular joint arthrosis, extrinsic impingement on the traversing underlying supraspinatus, impingement on the overlying deltoid, supraspinatus tendinosis, infraspinatus tendinosis/partial tear, subscapularis tendinosis, anterior labral tear, cysts in the humeral head, and bicipital tenosynovitis. The 4/4/14 progress report cited lumbar spine and bilateral shoulder pain, left greater than right. Shoulder flexion and abduction were 140 degrees right and 130 degrees left. Neer's and Hawkin's tests were positive. The diagnosis was bilateral shoulder impingement and lumbosacral radiculopathy. Arthroscopic surgery was requested for both shoulders. The 5/7/14 utilization review denied the requests for bilateral shoulder arthroscopic surgery based on no documentation of conservative treatment, and no clear clinical and radiographic evidence of a surgical lesion that has been shown to benefit in the short and long-term from

surgical intervention.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right arthroscopic shoulder surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 and 211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**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 shown to benefit, in the short and long- term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. The specific surgical procedure has not been identified, or correlated to imaging findings. Therefore, this request for right arthroscopic shoulder surgery is not medically necessary.

**Left arthroscopic shoulder surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 and 211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**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 shown to benefit, in the short and long- term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. The specific surgical procedure has not been identified, or correlated to imaging findings. Therefore, this request for left arthroscopic shoulder surgery is not medically necessary.