

<b>Case Number:</b>	CM14-0073121		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 33-year-old female sustained an industrial injury on 9/2/11, while slicing meat. Conservative treatment included activity modification, medications, corticosteroid injections, and physical therapy. Neck and right shoulder pain persisted with functional difficulty. Cervical MRI was positive for mild cervical spondylosis with C5/6 lateral paracentral disc protrusion. The 4/8/14 orthopedic report cited persistent right shoulder pain with constant numbness to the ring and small finger. Cervical and right hand numbness improved with cervical traction. Pain was reported with lifting her arm overhead and reaching up or behind. There was no popping or clicking. Four corticosteroid injections were provided. Excellent relief was reported with the first two injections. The third and fourth were not as successful and pain reoccurred more rapidly. Right shoulder exam documented anterolateral acromial tenderness. There was pain with drop-arm and impingement testing. O'Brien's and Speed test were negative. The 10/11/11 MRI findings were reported consistent with long head biceps tendinosis and a vertical split. Thickening of the supraspinatus tendon was described by the radiologist. The diagnosis was right shoulder impingement syndrome, supraspinatus tendinosis, and potential biceps tendinosis. Right shoulder surgery was requested to include arthroscopic debridement, subacromial decompression and rotator cuff repair. The 4/22/14 utilization review denied the rotator cuff repair as there was no imaging evidence of a rotator cuff tear to support the medical necessity of this request. Surgery was approved to include arthroscopic limited debridement, subacromial decompression with partial acromioplasty, and possible biceps tenodesis. The request for a post-operative Ultra Sling was denied based on lack of guideline support. A standard post-operative sling was approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**shoulder arthroscopy, surgical; with rotator cuff repair:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder chapter.

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

**Decision rationale:** The California MTUS 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 imaging evidence of supraspinatus tendinosis. Rotator cuff tears are plausible despite reported negative imaging. Surgery has been approved for arthroscopic limited debridement, subacromial decompression with partial acromioplasty, and possible biceps tenodesis. Given that the surgery has been approved, this request is reasonable to allow for repair as determined at the time of surgery. Therefore, the request for shoulder arthroscopy, surgical; with rotator cuff repair is medically necessary and appropriate.

**Post - op ultra sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

**Decision rationale:** The California MTUS are silent regarding post-op abduction slings. The Official Disability Guidelines state that these slings are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. Arthroscopic debridement, subacromial decompression with partial acromioplasty and possible biceps tenodesis is planned. Guidelines generally support a standard sling for post-operative use. A standard sling was approved in utilization review. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Therefore, the request for post-op ultra sling is not medically necessary and appropriate.