

<b>Case Number:</b>	CM14-0074467		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 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 54-year-old female who reported an injury on 10/25/2011. The mechanism of injury was reported when the injured worker lifted a 30 pound weight. Diagnoses included cervical disc syndrome, left shoulder rotator cuff syndrome, left shoulder impingement syndrome, left shoulder frozen shoulder/adhesive capsulitis, bilateral wrist de Quervain's, left wrist carpal tunnel, lumbar disc syndrome, and edema/tendinosis of the infraspinatus tendon. The previous treatments included status post left shoulder surgery in 01/2013, physical therapy, and medication. The diagnostic testing included an MRI dated 02/06/2014. In the clinical note dated 03/24/2014, it was reported the injured worker complained of left shoulder pain. She rated her pain 8/10 in severity. The injured worker reported her symptoms affected her activities of daily living. Upon physical examination, the provider noted the injured worker had tenderness to palpation and spasms of the rotator cuff expanse. The left shoulder range of motion was flexion at 90 degrees and extension at 36 degrees. The injured worker had a positive impingement test, apprehension test. The provider indicated the injured worker had anterior and posterior shoulder pain on the left. The provider indicated the injured worker remained on temporary total disability to prevent further exacerbation of symptoms. The provider requested a left shoulder surgery, manipulation under anesthesia, lysis of adhesions, debridement, and labral repair. The Request for Authorization was submitted for review on 03/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left shoulder surgery; manipulation under anesthesia, lysis of adhesions, debridement and labral repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Shoulder Complaints Harris J. (ED), Occupational Medicine Practice Guidelines, 2nd edition (2004) p 211ODG- 18th edition 2013 Shoulder Chapter

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

**Decision rationale:** The California MTUS/ACOEM Guidelines note rotator cuff repair is indicated for significant tears that impair activities by causing weakness of the arm or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial thickness or small full thickness tears. 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. The preferred procedure is usually arthroscopic decompression which involves debridement of inflamed tissues, burning of the anterior acromion, lysis, and sometimes removal of the coracoacromial ligament and possibly removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. In addition, the guidelines also note surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. The clinical documentation submitted did not indicate any new injections, new symptoms from the previous surgery that was completed on 01/20/2013. Clinical documentation submitted failed to indicate the injured worker had tried and failed on conservative therapy, cortisone injections. Additionally, there is lack of documentation indicating the injured worker had limited activities. Therefore, the request of outpatient left shoulder surgery; manipulation under anesthesia, lysis of adhesions, debridement and labral repair is not medically necessary and appropriate.