

<b>Case Number:</b>	CM14-0084642		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 32-year-old female clothing sorter sustained an industrial injury on 11/7/11, relative to repetitive upper extremity use. The 10/13/13 right shoulder MRI impression documented mild to moderate supraspinatus and infraspinatus tendinosis/tendinopathy and mild supraspinatus peritendinitis and/or peritendinosis bursitis. There was mild to moderate narrowing of the subacromial space due to laterally downsloping acromion and mild hypertrophic degenerative changes of the acromioclavicular joint. Findings were consistent with biceps tenosynovitis. There was suspect hematopathic hyperplasia involving the metaphysis and proximal diaphysis. The 2/7/14 orthopedic AME report cited complaints involving the cervical spine, bilateral shoulders, thoracic spine, and lumbosacral spine. She complained of constant right shoulder pain with pushing, pulling, lifting, carrying, overhead reaching and housework. There was radiating sharp burning pain and numbness and tingling in the right shoulder all the time. Pain medication temporarily relieved the discomfort. Right shoulder exam documented diffuse tenderness, no muscle wasting, good rotator cuff strength, no crepitation, and positive impingement test. Bilateral shoulder range of motion was grossly symmetrical with flexion 160, abduction 165, extension 40, external rotation 90, internal rotation 65-80, and adduction 40 degrees. There was no instability. The diagnosis was right shoulder impingement syndrome. The treatment plan recommended right shoulder arthroscopic surgery. The patient had undergone conservative treatment since November 2011 which should be considered appropriate. The 5/20/14 utilization review denied the request for right shoulder arthroscopic surgery as there was no documentation of pain at night, weak or absent abduction, rotator cuff or anterior acromial tenderness, and imaging report. Additional information was requested but not received.

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

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

**Diagnostic Arthroscopy of the Right Shoulder with Subacromial Decompression:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Rotator Cuff Repair; pages 209 through 211 Table 9-6ODG; Rotator Cuff Repair; Conservative care.

**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 arthroscopic decompression, surgery is reserved for cases failing conservative treatment, including cortisone injections, for at least 3 to 6 months. Guideline criteria have been met. There is clinical exam and imaging evidence consistent with impingement. The patient reports constant right shoulder pain with functional limitation. Reasonable conservative treatment has been tried over the long term and has failed. Therefore, this request for diagnostic arthroscopy of the right shoulder with subacromial decompression is medically necessary.