

<b>Case Number:</b>	CM14-0092581		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/14/2008
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 is a 63 year old female with an 11/14/08 injury date. The mechanism was lifting and overhead reaching with the right upper extremity. In a 5/28/14 follow-up, subjective complaints included right and left shoulder pain. Objective findings of the right shoulder included AC joint tenderness, positive cross-body adduction, positive impingement signs, weakness of the supraspinatus, 100 degrees of passive forward flexion, 90 degrees of passive abduction, and 40 degrees of passive external rotation. A right shoulder MRI on 6/8/13 showed moderate to moderately severe supraspinatus tendinosis with shallow bursal and joint surface erosions. Diagnostic impression: right shoulder impingement. Treatment to date: NSAIDs, cortisone injection, physical therapy. A UR decision on 6/6/14 denied the request of right shoulder arthroscopy with distal clavicle excision, anterior acromioplasty, debridement and rotator cuff repair, on the basis that there was no documentation of the extent, duration, and outcome of prior conservative treatment methods. In addition, the evidence supporting AC joint arthropathy was minimal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with distal clavicle excision, anterior acromioplasty, debridement and rotator cuff repair:** Upheld

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

**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--Distal clavicle resection, Surgery for impingement syndrome, Rotator cuff repair.

**Decision rationale:** CA MTUS and ODG support partial claviclectomy (including Mumford procedure) with imaging evidence of significant AC joint degeneration along with physical findings (including focal tenderness at the AC joint, cross body adduction test, active compression test, and pain reproduced at the AC joint with the arm in maximal internal rotation may be the most sensitive tests), and pain relief obtained with an injection of anesthetic for diagnostic purposes. Non-surgical modalities includes at least 6 weeks of care directed towards symptom relief prior to surgery including anti-inflammatories and analgesics, local modalities such as moist heat, ice, or ultrasound. CA MTUS and ODG state that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. CA MTUS states that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation; conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment, but without the surgical risks, and further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In addition, ODG criteria for repair of full-thickness rotator cuff tears include a full-thickness tear evidenced on MRI report. However, in this case there is no evidence of a full-thickness rotator cuff tear or AC joint arthrosis on MRI. Although there is evidence that a cortisone injection was tried, it is not clear whether this injection was placed in the subacromial space or in the AC joint. Therefore, neither distal clavicle excision, nor subacromial decompression, is supported at this time. In addition, the extent, duration, and outcome of prior conservative treatment methods is not documented. Overall, there is insufficient evidence to support the medical necessity of the requested procedures. Therefore, the request for right shoulder arthroscopy with distal clavicle excision, anterior acromioplasty, debridement and rotator cuff repair, is not medically necessary.