

<b>Case Number:</b>	CM14-0094151		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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:

The patient is a 59-year-old female who has submitted a claim for right shoulder rotator cuff strain associated with an industrial injury date of 3/13/2012. Medical records from 2014 were reviewed. The patient complained of intermittent right shoulder pain described as dull, popping, clicking, with stiffness and tightness. Her pain radiated to the right hand and wrist associated with numbness and tingling sensation. The patient reported moderate impairment with respect to physical activities. Examination of the right shoulder showed flexion at 120 degrees, internal rotation at 80 degrees, and abduction at 95 degrees. Range of motion was limited by pain. Reflexes and sensory were intact. Motor strength of right deltoid was graded 4/5. Both impingement sign and apprehension sign were negative. MRI of the right shoulder, dated 6/3/2014, showed fairly extensive tendinosis of the supraspinatus with a small full-thickness tear of the posterior fibers of the supraspinatus tendon, narrowing of acromioclavicular arch associated with large spurs that impinge the supraspinatus, fairly severe osteoarthritis of the acromioclavicular joint, intact glenoid labrum and biceps tendon, and fluid collection between the short head of the biceps and subscapularis. Treatment to date has included 24 sessions of physical therapy, 12 sessions of acupuncture, cortisone injections, and medications. The utilization review from 5/29/2014 denied the requests for right shoulder arthroscopy w/Mumford procedure, #1 postoperative therapy 5 x 2 =10 then 3 x 4 = 12, and CPM rental x 21 days. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy w/Mumford Procedure: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 209, 214, 211, 204. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter; Official Disability Indications for Surgery - Acromioplasty

**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 Section, Diagnostic Arthroscopy and Partial Claviclectomy (Mumford procedure)

**Decision rationale:** CA MTUS ACOEM Practice Guidelines Chapter 9 supports surgical intervention for patients who have: (1) red flag conditions; (2) activity limitation for more than four months, plus existence of a surgical lesion; (3) failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; (4) clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. ODG states that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. ODG criteria for partial claviclectomy (Mumford procedure) include failure of conservative care, pain and tenderness at AC joint, and severe degenerative joint disease of acromioclavicular joint. In this case, the patient complained of intermittent right shoulder pain described as dull, popping, clicking, with stiffness and tightness. Her pain radiated to the right hand and wrist associated with numbness and tingling sensation. The patient reported moderate impairment with respect to physical activities. Symptoms persisted despite 24 sessions of physical therapy, 12 sessions of acupuncture, cortisone injections, and medications. Examination of the right shoulder showed flexion at 120 degrees, internal rotation at 80 degrees, and abduction at 95 degrees. Range of motion was limited by pain. Motor strength of right deltoid was graded 4/5. Both impingement sign and apprehension sign were negative. MRI of the right shoulder, dated 6/3/2014, showed fairly extensive tendinosis of the supraspinatus with a small full-thickness tear of the posterior fibers of the supraspinatus tendon, narrowing of acromioclavicular arch associated with large spurs that impinge the supraspinatus, fairly severe osteoarthritis of the acromioclavicular joint, intact glenoid labrum and biceps tendon, and fluid collection between the short head of the biceps and subscapularis. Given the patient presented with persistent symptoms despite conservative care and a clear surgical lesion in MRI, the medical necessity for surgery has been established. Therefore, the request for right shoulder arthroscopy w/Mumford Procedure is medically necessary.

**#1 Postoperative therapy 5 x 2 =10 then 3 x 4 = 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 28.

**Decision rationale:** CA MTUS Post-Surgical Treatment Guideline recommends post-operative physical therapy for 24 visits over 14 weeks for rotator cuff syndrome / impingement syndrome.

Initial course of therapy means one half of the number of visits specified in the general course of therapy. With documentation of functional improvement, a subsequent course of therapy shall be prescribed. In this case, patient has been certified to undergo right shoulder arthroscopy with Mumford Procedure. The need for post-operative physical therapy has been established. However, the guideline recommends one half of the recommended number of treatment sessions as initial course. The present request as submitted includes additional 12 visits of physical therapy as extension of therapy services. Documentation of functional improvement is paramount prior to recommending additional visits. There is no discussion concerning need for variance from the guidelines. Therefore, the request for postoperative therapy 5 x 2 = 10 then 3 x 4 = 12 is not medically necessary.

**CPM Rental x 21 days:** 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 Chapter, Continuous Passive Motion (CPM)

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Shoulder Chapter was used instead. ODG states that CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis. The guideline also does not support its use after shoulder surgery for rotator cuff tears or for non-surgical treatment. In this case, the patient has been certified to undergo right shoulder arthroscopy with Mumford procedure. The guideline clearly states that CPM use for this condition is not supported. There is likewise no discussion concerning need for CPM when the surgery is to be performed as an outpatient procedure. Therefore, the request for CPM rental x 21 days is not medically necessary.