

<b>Case Number:</b>	CM13-0023823		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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:

According to the records made available for review, this is a 57-year-old male with a 6/9/10 date of injury. At the time (7/3/13) of request for authorization for right shoulder arthroscopy, there is documentation of subjective (right shoulder pain and painful arc) and objective (tenderness over the anterior acromial margin and acromioclavicular joint, positive Speed's test, positive impingement sign, and weakness on resisted external rotation) findings, imaging findings (MRI of the right shoulder (5/14/13) report revealed tendinopathy and intrasubstance delamination long head of the biceps insertion to the superior labrum without communicating tear, glenohumeral degeneration with osteophyte formation inferiorly at the axillary recess, and acromioclavicular joint synovial hypertrophy and synovitis), current diagnoses (right shoulder pain and dysfunction, impingement syndrome, acromioclavicular joint arthrosis and rotator cuff tendinosis), and treatment to date (medications, physical therapy, and cortisone injections). Medical report identifies that the requested right shoulder arthroscopy is for subacromial decompression. There is no documentation of additional subjective clinical findings (pain at night).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

**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, Subacromial Decompression and Manipulation Under Anesthesia.

**Decision rationale:** MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of right shoulder pain and dysfunction, impingement syndrome, acromioclavicular joint arthrosis and rotator cuff tendinosis. In addition, there is documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections. Furthermore, there is documentation of subjective clinical finding (pain with active arc motion at 90 degrees). Moreover, there is documentation of objective clinical findings (weak abduction, tenderness anterior acromial area and positive impingement sign). Lastly, given documentation of imaging findings (MRI of the right shoulder identifying tendinopathy and intrasubstance delamination long head of the biceps insertion to the superior labrum without communicating tear, glenohumeral degeneration with osteophyte formation inferiorly at the axillary recess, tendinopathy and intrasubstance delamination through the main body of the supraspinatus tendon at the insertion, and acromioclavicular joint synovial hypertrophy and synovitis), there is documentation of imaging clinical findings (arthrogram showing positive evidence of deficit in rotator cuff). However, despite documentation of subjective (right shoulder pain), there is no documentation of additional subjective clinical findings (pain at night). Therefore, based on guidelines and a review of the evidence, the request for right shoulder arthroscopy is not medically necessary.