

<b>Case Number:</b>	CM14-0123126		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/03/2005
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 50-year-old male who sustained an industrial injury on 4/3/05. The mechanism of injury was not documented. Past surgical history was positive for anterior cervical discectomy and fusion at C4/5 and C5/6, and lumbar discectomy and fusion at L4/5. The 3/25/14 progress report cited severe bilateral shoulder pain with very sleepless nights. His pain level was significantly worse and functional status had declined due to medications being denied. There was an increase in right C6 radicular symptoms. Bilateral shoulder exam revealed subacromial and acromioclavicular joint tenderness, subacromial swelling, positive impingement sign, and negative drop arm and apprehension tests. The diagnosis included bilateral rotator cuff tendinosis, as well as impingement. The treatment plan included right shoulder open decompression, continued home exercise program, Toradol injection, and refill of Norco, Soma, Neurontin, Prilosec and Fiorinal. The treating physician reports dated 5/6/15 and 6/10/14 were reviewed. These reports cited continued cervical, low back, and bilateral shoulder pain. Bilateral shoulder exam was unchanged from 3/25/14. The treatment plan included right shoulder open decompression, continued home exercise program, corticosteroid injection across both trapezial ridges (on 5/26/14), Toradol injections, and refill of Norco, Soma, Neurontin, Prilosec and Fiorinal. The 7/18/14 utilization review non-certified the request for right shoulder subacromial decompression based on an absence of supporting imaging evidence and no documentation regarding conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder open decompression, as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/shoulder>; table 2, Summary of Recommendations, Shoulder Disorders.

**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: Surgery for Impingement syndrome.

**Decision rationale:** The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging evidence of positive impingement. Guideline criteria have not been met. This patient presents with bilateral shoulder pain and clinical findings consistent with a diagnosis of impingement. However, there is no documentation of imaging findings correlated to the clinical exam, or actual reports in the provided records. There is no documentation of a positive diagnostic injection test. Detailed evidence of up to 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.