

<b>Case Number:</b>	CM14-0187154		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	11/24/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

According to the records made available for review, this is a 45-year-old female with an 11/24/11 date of injury, and status post right shoulder arthroscopy and subacromial decompression on 9/3/13. At the time (10/20/14) of request for authorization for right shoulder arthroscopy with extensive debridement, there is documentation of subjective (right shoulder pain, moderate and constant, symptoms aggravated by reaching overhead and reaching behind back) and objective (right shoulder severe crepitation at the subacromial space, positive Neer's impingement sign, and Hawkin's sign, moderate tenderness at the anterolateral corner of the acromion, posterolateral corner of the acromion, and biceps tendon, 4/5 strength elevation, external rotation) findings, imaging findings (right shoulder MRI arthrogram (6/5/14) report revealed resection of the prominent dissecting paralabral cyst arising from the superior labrum since the preoperative MRI of 4/18/13; the remaining superior labrum is markedly attenuated in size and shows slight irregularity, but no fluid undercuts the base of the superior labrum; there is absence of the biceps anchor and long head of the biceps tendon, although it seems this is present in the far distal intertubercular groove of the humerus; the rotator cuff is intact without partial tears, stable tendinosis involves the supraspinatus and infraspinatus tendons; there is no obvious change in overall appearance of the acromioclavicular joint plus moderate lateral downsloping of the acromion), current diagnoses (right shoulder pain, subacromial impingement, and SLAP lesion), and treatment to date (medications, activity modification, shoulder corticosteroid injections, and physical therapy). There is no documentation of imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with extensive debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rotator cuff repair

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** MTUS identifies documentation of red flag conditions; activity limitation for more than four months, plus existence of a surgical lesion; failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair, as criteria necessary to support the medical necessity of shoulder surgery. Within the medical information available for review, there is documentation of diagnoses of right shoulder pain, subacromial impingement, and SLAP lesion. In addition, there is documentation of activity limitation for more than four months and failure to increase strength of the musculature around the shoulder even after exercise programs. However, given imaging findings (MRI identifying resection of the prominent dissecting paralabral cyst arising from the superior labrum since the preoperative MRI of 4/18/13; the remaining superior labrum is markedly attenuated in size and shows slight irregularity, but no fluid undercuts the base of the superior labrum; there is absence of the biceps anchor and long head of the biceps tendon, although it seems this is present in the far distal intertubercular groove of the humerus; the rotator cuff is intact without partial tears, stable tendinosis involves the supraspinatus and infraspinatus tendons; there is no obvious change in overall appearance of the acromioclavicular joint plus moderate lateral downsloping of the acromion), there is no (clear) documentation of imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. Therefore, based on guidelines and a review of the evidence, the request for right shoulder arthroscopy with extensive debridement is not medically necessary.