

<b>Case Number:</b>	CM14-0189686		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 60-year-old male with a 2/6/10 date of injury. At the time (10/31/14) of the Decision for Right shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection, Post-op physical therapy 12 sessions 2 x 6, Medical clearance (CBC, CMP, PT/PTT, Hep Panel, HIV Panel, U/A, EKG, chest x-ray), Post-Op sling, and Assistant surgeon- Physician assistant, there is documentation of subjective (bilateral shoulder pain) and objective (decreased range of motion of the right shoulder, decreased right shoulder muscle strength, and weakly positive Neer's and Hawkin's impingement signs) findings, imaging findings (MRI of the right shoulder (3/14/14) report revealed moderately severe supraspinatus tendinosis with a focus of articular surface, severe tendinosis distally and anteriorly associated with articular surface partial tearing, an old Bankart lesion with adjacent post-traumatic deformity of the glenoid, post-traumatic arthrosis of the glenoid, and a subtle Hill-Sachs deformity), current diagnoses (shoulder pain and shoulder tendinosis), and treatment to date (steroid injections, multiple trigger points injections, and physical therapy). There is no documentation of additional subjective clinical findings (pain with active arc motion 90 to 130 degrees and 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 diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines ODG-TWC, Shoulder Procedure Summary.

**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 shoulder pain and shoulder tendinosis. In addition, there is documentation of failure of conservative therapy for three months including cortisone injection, and imaging clinical findings (MRI showing positive evidence of deficit in rotator cuff). Furthermore, given documentation of objective (decreased range of motion of the right shoulder, decreased right shoulder muscle strength, and weakly positive Neer's and Hawkin's impingement signs) findings, there is documentation of objective clinical findings (weak abduction and positive impingement sign). However, despite documentation of subjective (bilateral shoulder pain) findings, there is no (clear) documentation of additional subjective clinical findings (pain with active arc motion 90 to 130 degrees and pain at night). Therefore, based on guidelines and a review of the evidence, the request for Right shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection is not medically necessary.

**Post-op physical therapy 12 sessions 2 x 6:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Medical clearance (CBC, CMP, PT/PTT, Hep Panel, HIV Panel, U/A, EKG, chest x-ray):**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Op sling:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Assistant surgeon- Physician assistant:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.