

<b>Case Number:</b>	CM14-0204208		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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:

This is a 57 year old male with a 9/8/11 injury date. In a 10/24/14 note, the patient complained of right shoulder pain and weakness. Objective findings included positive impingement signs, 3/5 strength of the right shoulder, tenderness to palpation, forward flexion to 160 degrees, external rotation to 75 degrees, and internal rotation to 175 degrees. A 3/6/14 right shoulder MRI revealed acromioclavicular (AC) joint arthritis and bicipital tenosynovitis. The patient has a history of coronary artery bypass graft (CABG) procedure and uncontrolled diabetes. Diagnostic impression: right shoulder impingement syndrome, AC joint arthritis. Treatment to date: physical therapy. A UR decision on 11/27/14 denied the request for right shoulder arthroscopy with subacromial decompression, distal clavicle excision, possible synovectomy, labral repair, and rotator cuff repair because there was no AC joint tenderness on exam, no labral or cuff tear on MRI, and no recent conservative care including injections. In addition, the patient has uncontrolled diabetes which is a contraindication to surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy, subacromial decompression, distal clavicle excision, possible synovectomy, labral repair and rotator cuff repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**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--Surgery for impingement syndrome, distal claviclectomy, labral repair, rotator cuff repair

**Decision rationale:** CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, CA MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. ODG supports partial claviclectomy (including Mumford procedure) with imaging evidence of significant AC joint degeneration along with physical findings (including focal tenderness at the AC joint, cross body adduction test, active compression test, and pain reproduced at the AC joint with the arm in maximal internal rotation may be the most sensitive tests), and pain relief obtained with an injection of anesthetic for diagnostic purposes. Non-surgical modalities includes at least 6 weeks of care directed towards symptom relief prior to surgery including anti-inflammatories and analgesics, local modalities such as moist heat, ice, or ultrasound. ODG states that surgery for SLAP lesions is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved, in addition to a history and physical findings consistent with a SLAP lesion; recent literature suggest poor outcome with a Worker's Compensation patient population and age over 40. CA MTUS states that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation; conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment, but without the surgical risks, and further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In addition, ODG criteria for repair of full-thickness rotator cuff tears include a full-thickness tear evidenced on MRI report. However, there was not enough documented evidence to support a diagnosis of AC joint arthritis, labral tear, or rotator cuff tear. There was no labral tear or rotator cuff tear on MRI, and there was no AC joint tenderness or positive cross-body adduction test. In addition, there was no documentation of exhaustion of conservative treatment including an injection in the AC joint. Although the documentation does support a diagnosis of impingement syndrome, there was no evidence of a subacromial cortisone injection. Therefore, the request for right shoulder arthroscopy, subacromial decompression, distal clavicle excision, possible synovectomy, labral repair and rotator cuff repair is not medically necessary.