

<b>Case Number:</b>	CM15-0105761		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 57-year-old male who sustained an industrial injury on 9/06/13. The mechanism of injury was not documented. Conservative treatment had included medications, physical therapy, activity modification, and corticosteroid injections. The 3/16/15 treating physician report cited persistent right shoulder pain, especially with overhead activities and at night. Prior injection of the biceps tendon sheath and subacromial region provided very good pain relief, followed by return of pain. Right shoulder exam documented decreased range of motion, tenderness over the biceps tendon and acromioclavicular (AC) joint, 4/5 rotator cuff strength, and positive Neer's, Hawkins, Speed, cross body abduction, and Jobe's tests. The diagnoses included right shoulder subacromial impingement, AC joint pain and biceps tenosynovitis. The treatment plan recommended right shoulder arthroscopy with subacromial decompression, distal clavicle excision, and biceps tenotomy versus tenodesis. The 5/12/15 utilization review modified the request for right shoulder arthroscopy with subacromial decompression and Mumford (distal clavicle resection) to right shoulder arthroscopy with subacromial decompression as there was no MRI submitted by for review that could confirm the presence of AC joint arthritis or biceps tendonitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with subacromial decompression and mumford (distal clavicle resection):** Overturned

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

**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; Partial claviclectomy.

**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 showing positive evidence of impingement. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have been met. This injured worker presents with persistent right shoulder pain, especially with overhead activities and at night. Clinical exam findings and diagnostic injection test were consistent with impingement syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there was no documentation of imaging or radiographic studies in the provided records. The 5/12/15 utilization review modified this request and approved right shoulder arthroscopy with subacromial decompression based on the clinical findings and positive diagnostic injection. AC joint tenderness was noted, representing a plausible source of impingement. Therefore, this request is medically necessary.