

<b>Case Number:</b>	CM15-0132344		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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:

This injured worker is a 52-year-old male who sustained an industrial injury on 3/2/12. Injury occurred when he was helping unload a concrete post and a forklift dropped the post and it crushed him. He sustained multiple injuries to his right shoulder, neck, low back, and bilateral knees. He underwent right shoulder and left knee surgery. Records indicated that the injured worker was referred to an internal medicine physician due to elevated blood sugars following knee corticosteroid injection. Treatment included physiotherapy, pain medications, topical medications, and activity modification. The 6/13/15 treating physician report cited chief complaint of left shoulder, right knee, and lower back pain. He was unable to lift his left shoulder. Left shoulder exam documented mild swelling, positive Neer/Hawkins tests, and positive empty can sign. Left shoulder range of motion testing documented forward flexion 110, abduction 90, and external rotation 40 degrees with internal rotation to the sacrum. Left shoulder MRI on 1/28/15 reportedly demonstrated subchondral cyst of the central portion of the humeral head measuring 3 cm in diameter. There was a tear of the supraspinatus tendon at the insertion with findings indicative of a full thickness tear. There was evidence of improvement with downsloping of the acromion impinging on the supraspinatus tendon. The diagnosis included adhesive capsulitis and rotator cuff syndrome. Authorization was requested for left shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection and biceps surgery. The 6/19/15 utilization review non-certified the request for left shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection and biceps

surgery as there was no official MRI report or evidence of failed conservative treatment, including activity limitations and injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection and biceps surgery:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

**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; Surgery for rotator cuff repair; Partial claviclectomy.

**Decision rationale:** The California MTUS guidelines provide a general recommendation for impingement surgery and rotator cuff 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 and rotator cuff repairs 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 or rotator cuff deficiency. 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 left shoulder pain and functional limitations. Clinical exam findings are consistent with reported imaging evidence of rotator cuff deficit and impingement. Evidence of reasonable and/or comprehensive non-operative treatment and failure, including activity modification, medications, and physiotherapy, has been submitted. Contraindication to corticosteroid injection has been documented. Therefore, this request is medically necessary.