

<b>Case Number:</b>	CM15-0135599		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 47-year-old female who sustained an industrial injury on 1/15/15. Injury occurred while participating in physical training. Past medical history was positive for obesity and hypertension. The 4/16/15 left shoulder MRI impression documented minimal tendinopathy of the supraspinatus tendon and mild degenerative changes of the acromioclavicular (AC) joint. Findings documented a type I acromion, and minimal degenerative spurring of the AC joint. The 6/22/15 treating physician report indicated that the injured worker had a corticosteroid injection into the subacromial space on 4/21/15 with some benefit for about 2 weeks. She had pain with cross body motions and with direct pressure over the lateral shoulder, including her bra strap and particularly her duty vest. Physical exam documented 180 degrees forward flexion, 85 degrees external rotation, pain with cross body adduction, AC joint tenderness, internal rotation to T7 with pain, and intact rotator cuff strength. The improvement was rotator cuff tendinitis and AC degenerative joint disease. Authorization was requested for left shoulder arthroscopic subacromial decompression, limited debridement and open acromioclavicular joint resection with preoperative EKG. The 6/26/15 utilization review non-certified the request for left shoulder arthroscopic subacromial decompression, limited debridement and open acromioclavicular joint resection and associated pre-op EKG as there was no evidence of painful arc of motion, full range of motion, no weakness, only minimal and mild imaging findings, slightly positive impingement, and she was able to work full duty. The 7/27/15 treating physician report indicated that the injured worker was diagnosed with left shoulder improvement in 2010 which had resolved with physical therapy and injections. She reported an onset of acute pain while in

physical training class. She had a primary desk job, but was required to take physical training classes. She had completed 6 visits of physical therapy and received a corticosteroid injection on 4/21/15 without much change. She reported constant pain that increased with lifting and reaching. She was unable to wear a duty vest and had included pain with reaching and lifting files. She was taking 1800 mg of ibuprofen per day. Physical exam documented moderate tenderness over the superior shoulder, full flexion and abduction with endpoint pain, limited internal rotation to the buttock, and slightly positive impingement sign. Imaging showed minimal supraspinatus tendinopathy and mild AC joint degenerative changes. The diagnosis was left shoulder internal impingement. Appeal of surgical denial was pending. The injured worker was capable of full duty.

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

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

**Left Shoulder Scope Subacromial Decompression, limited debridement and open AC resection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for surgery.

**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 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 right shoulder pain. She was unable to wear her duty vest and was impaired in work duties and activities of daily living. Clinical exam findings are consistent with imaging evidence of rotator cuff tendinopathy and plausible impingement. Diagnostic impingement injection test was positive. Detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary at this time.

**Associated Surgical Service: Preoperative Electrocardiogram:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement; Preoperative evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for pre-anesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Pre-anesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle aged females with hypertension and large body habitus have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary.