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| <b>Case Number:</b>   | CM15-0140176 |                              |            |
| <b>Date Assigned:</b> | 07/30/2015   | <b>Date of Injury:</b>       | 10/31/2014 |
| <b>Decision Date:</b> | 08/27/2015   | <b>UR Denial Date:</b>       | 07/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/20/2015 |

### 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 59-year-old female who sustained an industrial injury on 10/31/14. Injury occurred when she tripped over a cord and fell forward onto her knees and arms. The 1/30/15 right shoulder MRI impression documented severe tendinosis of the supraspinatus and infraspinatus tendons, with no rotator cuff tear. There were mild acromioclavicular (AC) joint degenerative changes without hypertrophy or narrowing of the coracoacromial arch. There were findings consistent with minimal subdeltoid bursitis. There were degenerative subcortical cystic changes in the humeral head in the greater and lesser tuberosities. Conservative treatment for the shoulder had included medication, subacromial corticosteroid injection, physical therapy, home exercise, and activity modification. The 6/17/15 treating physician report indicated the injured worker was struggling with persistent moderate right shoulder pain, with pain at night. Physical exam documented mild anterolateral right shoulder pain to palpation. Right shoulder range of motion was documented as 160 degrees flexion, abduction, and 60 degrees external rotation with internal rotation to the sacroiliac joint. Crepitus was present with range of motion. There was 4+/5 rotator cuff weakness documented with positive impingement and Speed's tests. Imaging was reviewed and showed high-grade tendinosis of the supraspinatus tendon with partial tearing and some fluid in the subdeltoid region. The diagnosis included right shoulder partial thickness rotator cuff tear, impingement syndrome, and AC arthropathy. Authorization was requested for right shoulder operative arthroscopy, debridement, decompression, Mumford procedure, and possible rotator cuff repair with associated post-op physical therapy, canvas sling, and an Ultrasling. The 7/1/15 utilization review partially certified the surgical request to include right

shoulder operative arthroscopy, debridement, decompression and possible rotator cuff repair. The request for Mumford procedure was non-certified as there were no imaging or exam findings supporting the need for a distal clavicle resection.

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

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

**Right shoulder operative arthroscopy, debridement, decompression, Mumford procedure:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561.

**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: Partial claviclectomy.

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. The Official Disability Guidelines criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective complaints of pain at the AC joint, objective findings of tenderness over the AC joint and/or pain relief obtained with diagnostic injection, and imaging evidence of post-traumatic changes of the AC joint or severe degenerative joint disease or AC joint separation. Guideline criteria have been met. This injured worker presents with persistent and function-limiting right shoulder pain. Clinical exam findings are consistent with imaging evidence of rotator cuff and AC joint pathology. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The 7/1/15 utilization review modified this request to exclude the Mumford procedure. Given the AC joint findings on clinical exam and imaging, this request including at the level of the distal clavicle is reasonable. Therefore, this request is medically necessary.

**Durable medical equipment (DME) ultra sling for the right shoulder (indefinite use):**  
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) - Postoperative abduction pillow sling.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

**Decision rationale:** The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The Official Disability Guidelines state that post-operative abduction pillow slings, are recommended as an option following open repair of large and massive rotator cuff tears. Guideline criteria have not been met. The injured worker has been recommended for a possible arthroscopic rotator cuff repair. Guidelines generally support a standard sling for post-operative use and this has been certified. There is no compelling reason to support the medical necessity of a specialized abduction sling over a standard sling. Therefore, this request is not medically necessary.