

<b>Case Number:</b>	CM15-0140667		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/14/2015
<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: California, Oregon, Washington  
 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 65 year old male who sustained an industrial injury on 09-18-2013 from throwing heavy items into containers. The injured worker was diagnosed with bilateral rotator cuff syndrome, cervical spine sprain and strain with spondylosis, lumbar sprain and strain with intervertebral disc disease and spondylosis, myofascitis and radiculitis. No surgical interventions were documented. Treatment to date has included diagnostic testing, extracorporeal shockwave therapy, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 23, 2015, the injured worker continues to experience cervical, lumbar spine and bilateral shoulder pain with tightness and soreness rated at 7-8 out of 10 on the pain scale. Examination of the cervical spine demonstrated decreased range of motion with pain in all directions and tenderness to palpation of the upper trapezius, rhomboid, and levator scapulae muscles bilaterally. Foraminal compression, Jackson compression and Spurling's tests were positive bilaterally. The examination of the bilateral shoulders demonstrated tenderness to palpation over the biceps, deltoid, rhomboid and acromioclavicular joints bilaterally and pain in all directions of range of motion. Right shoulder noted flexion at 50 degrees, extension at 20 degrees, abduction at 50 degrees, internal and external rotation at 20 degrees each. The left shoulder range of motion was documented as flexion at 60 degrees, extension at 20 degrees, abduction at 40 degrees, internal and external rotation at 30 degrees each. Impingement, Apley's and apprehension tests were positive bilaterally. Grip strength was decreased bilaterally and worse in the right dominant hand. Current medications are listed as Ultracet, Anaprox, Soma, Protonix and topical

medications. Treatment plan consists of continuing with occupational medicine, thoracic magnetic resonance imaging (MRI), physical therapy, lumbar brace, home exercise program, topical medications and the current request for right shoulder arthroscopy with decompression and rotator cuff repair and left shoulder with decompression and rotator cuff repair.

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

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

#### **Right shoulder arthroscopic surgery with SAD and RCR: 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) online 2015- shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 1/6/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 1/6/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore the request is not medically necessary.

#### **Left shoulder arthroscopic surgery with SAD and RCA: 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, Surgery for rotator cuff repair.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 1/6/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 1/6/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore the request is not medically necessary.