

<b>Case Number:</b>	CM15-0144861		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/31/2015
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 63 year old male who sustained an industrial injury on 3-31-2015. He was hit by a heavy door that was ricocheting back towards his body, put his left outstretched arm. He sustained a super compression injury to the left shoulder. He reports left shoulder pain 5 out of 10 and has been diagnosed with contusion shoulder region and left shoulder internal derangement per MRI. Treatment has included medical imaging, modified work duty, rest, medications, and physical therapy. Forward flexion was 90 degrees, extension was 30 degrees, abduction was 90 degrees, adduction was full, internal and external rotation was full without pain. There was tenderness at the acromioclavicular joint and left trapezius with spasm. There was a positive impingement sign, Yergason, Apprehension, drop arm test, empty can test, and O'Brien's test. The treatment plan included surgery. The treatment request included left shoulder arthroscopy RCR-acromioplasty-DCR, pre op clearance (Labs-EKG-Chest x-ray), post op physical therapy 3 x 4, left shoulder, and abduction pillow sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy/RCR/Acromioplasty/DCR: 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), Treatment of shoulder conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Surgery for impingement, and RCR.

**Decision rationale:** In this case, the claimant was injured in March of this year when a heavy door hit his outstretched left arm. He had a compression injury to the left shoulder. He has left shoulder pain at 5 out of 10, and has alleged internal derangement of the shoulder based on an MRI; the specific MRI pathology is not noted. Treatment has been modified work, rest, medicines and physical therapy. There are signs of impingement on physical exam. Regarding these surgeries, the California MTUS-ACOEM guides, specifically Chapter 9 for the shoulder, note on page 209: Referral for surgical consultation may be indicated for patients who have: Red flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral, joint dislocation, etc.), Activity limitation for more than four months, plus existence of a surgical lesion, Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The ODG notes that conservative care, including cortisone injections, should be carried out for at least three to six months before considering surgery and pain with active arc motion 90 to 130 degree AND Pain at night; PLUS weak or absent abduction; may also demonstrate atrophy. For Rotator Cuff, there must be documented tear evidence. In this case, however, there is no mention of exhaustion of conservative care. There is no mention of night pain, atrophy or weak or absent abduction. The actual injury pathology on imaging is also not evident in these records. The case does not meet the evidence-based criteria for the surgery itself when contrasted against the evidence-based guidelines. The request is not medically necessary.

**Pre-op clearance (Labs):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op clearance (EKG):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op clearance (Xray):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op physical therapy 3x4, Left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Abduction pillow sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.