

<b>Case Number:</b>	CM15-0145516		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/26/2015
<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: 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 39-year-old female who sustained an industrial injury on 8/15/12, secondary to performing repetitive work. The 9/12/14 right shoulder MRI impression documented a flat laterally down-sloping acromion, acromioclavicular (AC) joint osteoarthritis, supraspinatus tendinosis, infraspinatus tendinosis, synovial effusion, subacromial/subdeltoid bursitis, and subcortical cysts in the humeral head. The 4/14/15 orthopedic consult cited right shoulder pain and dysfunction. Current medications included Tramadol, Lexapro, Flexeril, and Voltaren. Conservative treatment had included previous cortisone injection, physical therapy, and acupuncture. Right shoulder range of motion was flexion 145, abduction 148, and internal/external rotation 70 degrees. There was full passive range of motion with pain on extremes of forward flexion. Speed's and impingement tests were positive. She had pain with crossed-arm adduction. There was 4/5 deltoid and biceps weakness. Imaging showed evidence of a lateral down-sloping acromion process with osteoarthritis of the AC joint, tendinosis of the rotator cuff, and effusion with bursitis. The diagnosis included right shoulder impingement with tendinitis/bursitis. The consultant reported that the injured worker symptoms had not improved with conservative treatment, including exercise, therapy, medications, and topical analgesic creams. She was opined a candidate for right shoulder diagnostic arthroscopy with subacromial decompression and debridement. The 5/20/15 chiropractic report documented grade 6/10 constant right shoulder pain, increased with doing household chores. Right shoulder exam documented 4/5 supraspinatus weakness, decreased and painful range of motion, positive Neer's test, and tenderness to palpation over the AC joint and the anterior, lateral, and posterior

shoulder. The treatment plan included an M.D. consult for medications and follow-up in 4 weeks. Authorization was requested on 6/22/15 by the chiropractic treating physician for right shoulder diagnostic arthroscopy with subacromial decompression and debridement. The 6/26/15 utilization review non-certified the request for right shoulder diagnostic arthroscopy with subacromial decompression and debridement as the request was submitted by a chiropractor and there was no documentation of a specific request from the surgeon with evidence of failed conservative treatment.

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

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

**Right shoulder diagnostic arthroscopy with subacromial decompression and debridement:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**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.

**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 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 have not been met. This injured worker presents with right shoulder pain and functional difficulty with chores. Clinical exam findings are consistent with imaging evidence of plausible impingement. However, there is no specific documentation of a diagnostic injection test. Detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Although a prior request for this procedure has been submitted by the surgeon, this request has been submitted by the treating chiropractor. Therefore, this request is not medically necessary.