

<b>Case Number:</b>	CM15-0145657		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/18/2015
<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 58-year-old male who sustained an industrial injury on 10/10/14, relative to a motor vehicle accident. The 10/17/14 right shoulder x-rays findings documented moderate degenerative change at the acromioclavicular (AC) joint with spurring inferiorly. Conservative treatment included medications, activity modification, chiropractic treatment, acupuncture, and physical therapy. The 4/23/15 right shoulder MRI revealed hypertrophic degenerative changes in the acromioclavicular joint (AC) joint abutting on the supraspinatus insertion area, and a 10 mm tear in the distal supraspinatus tendon anteriorly without retraction. There was subscapularis tendinosis and subacromial subdeltoid bursitis. The 4/28/15 treating physician report cited grade 6-7/10 right shoulder pain with limited range of motion and difficulty in activities of daily living. Physical exam documented positive impingement signs, abduction weakness, and tenderness over the AC joint and sub-acromion. Conservative treatment was recommended. The 5/20/15 chiropractic evaluation report documented right shoulder range of motion as flexion 95, extension 24, abduction 85, adduction 14, internal rotation 12, and external rotation 15 degrees. The 7/10/15 initial orthopedic report cited posterolateral right shoulder pain and weakness. Pain was increased with reaching, pushing, pulling, and lifting. The injured worker had conservative treatment with no sustained benefit. Right shoulder exam documented tenderness to palpation over the AC joint and posterior lateral acromion region. The diagnosis was right supraspinatus rotator cuff tear and degenerative acromioclavicular arthritis with impingement. Authorization was requested for open distal clavicle resection, subacromial decompression, and rotator cuff repair and an assistant. The 7/18/15 utilization review non-

certified the request for open distal clavicle resection, subacromial decompression, and rotator cuff repair and associated assistant as there were no subjective clinical findings of pain with active arc of motion from 90-130 degrees or pain at night. The 8/3/15 orthopedic surgeon appeal letter stated that the injured worker had significant right shoulder pain and limitation. He had undergone considerable conservative treatment without substantial improvement. Imaging findings represented a full thickness tear with significant AC arthritis and subacromial impingement. He did not need more conservative treatment. Even if there was only a partial thickness tear, the impingement from the AC joint was likely to convert this into a full thickness tear in fairly short order. Appeal of the surgical denial was requested.

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

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

**Open Distal Clavicle Resection, Subacromial Decompression and Rotator Cuff Repair:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

**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; Surgery for rotator cuff repair.

**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 and partial thickness rotator cuff repairs 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 been met. This injured worker presents with persistent right shoulder pain, weakness and limited range of motion affecting activities of daily living and precluding return to work. Clinical exam findings are consistent with imaging evidence of impingement and rotator cuff tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**Associated Surgical Service: Assistant:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED], Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The [REDACTED] ([REDACTED]) provide direction relative to the typical medical necessity of assistant surgeons. The [REDACTED] ([REDACTED]) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 29826 and 29827, there is a "2" in the assistant surgeon column for each CPT code. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.