

<b>Case Number:</b>	CM15-0162693		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 48 year old male, who sustained an industrial injury on July 2, 2014. Currently, the injured worker reports right shoulder improved with left shoulder pain and weakness. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder rotator cuff tear with acromioclavicular joint disease, primary osteoarthritis of the shoulder, and rotator cuff rupture. The Treating Physician's progress report dated August 12, 2015, noted the injured worker reported his left shoulder was increasingly problematic. The left shoulder was noted to be tender in the subdeltoid space with weakness with forward flexion and external rotation, neurologically intact. The physical exams, dated July 15, 2015 and August 12, 2015, revealed the injured workers continued problems with the left shoulder that was first addressed on July 15, 2015, and continuing improvement in the right shoulder following right shoulder surgery. The left shoulder examination remained unchanged. The treating physician indicates that a new MRI of the left shoulder was obtained that showed a rotator cuff tear smaller than what the injured worker had on the right side, with the AC joint involved. The Physician recommended arthroscopic evaluation and rotator cuff repair of the left shoulder with acromioclavicular joint resection. Prior treatments have included right shoulder arthroscopy on April 14, 2015, and at least 6 sessions of physical therapy. The injured worker's work status was noted to be temporarily partially disabled, with the Physician noting the injured worker was able to return to modified work as of August 13, 2015. The request for authorization dated August 12, 2015, requested an outpatient arthroscopic evaluation and rotator cuff repair of the left shoulder with acromioclavicular joint resection. The Utilization Review (UR) dated

August 19, 2015, non-certified the request for an outpatient arthroscopic evaluation and rotator cuff repair of the left shoulder with acromioclavicular joint resection as the medical necessity had not been established.

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

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

#### **Outpatient Arthroscopic Evaluation and Rotator Cuff Repair of The Left Shoulder with Acromioclavicular Joint Resection: 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).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Partial Claviclectomy.

**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. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 7/15/15 and 8/12/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 7/15/15 and 8/12/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the determination is for non-certification for the requested procedure. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for post traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case the exam note from 7/15/15 and 8/12/15 and the imaging findings do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the determination is for non-certification, not medically necessary.