

Case Number:	CM15-0186146		
Date Assigned:	09/28/2015	Date of Injury:	03/01/2012
Decision Date:	12/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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 46-year-old male who sustained an industrial injury on 3/1/12. Injury occurred relative to carrying a ladder. He underwent left shoulder open rotator cuff repair on 6/29/12 and left shoulder arthroscopy with acromioclavicular (AC) arthroplasty, excision of the distal lateral clavicle, and synovectomy on 10/25/13. The 3/6/15 left shoulder MR arthrogram impression documented mild distal supraspinatus tendinosis with no rotator cuff tear or retraction identified. Signal findings within the distal most aspect of the supraspinatus suggested calcific tendinitis. Findings were consistent with previous supraspinatus repair (surgical anchor), acromioplasty, and Mumford procedure. The labrum appeared mildly degenerated, no tear was identified. The 4/23/15 treating physician report cited continued grade 4/10 posterior left shoulder pain and popping with certain movements. Pain increased with range of motion. A left subacromial bursa injection on 3/27/15 did not help with symptoms. He had attended physical therapy without any relief. He was not currently taking any medications. He was not working. Physical exam documented well healed and benign incision. There was tenderness in the lateral clavicle dorsally with audible clicking. The treatment plan recommended left shoulder arthroscopy with debridement versus a mini-open repair, subacromial decompression, possible modified AC arthroplasty, possible debridement of labrum, and possible distal clavicle excision. The 5/5/15 utilization review non-certified the request for left shoulder surgery and associated requests as the injured worker had undergone two previous surgeries to the left shoulder with no current imaging evidence of significant shoulder pathology requiring surgical intervention or evidence of 6 months of conservative treatment. The 5/7/15 treating physician appeal indicated

that the injured worker had continued painful popping with certain movements of the left shoulder, posterior pain, and sharp pain over the shoulder. Pain was aggravated by lifting, carrying objects, and reaching over head. He had undergone conservative treatments such as physical therapy and subacromial bursa injection which did not help. Physical exam documented tenderness over the lateral clavicle dorsally, audible clicking, moderate discomfort with cross body testing, mild tenderness of the lateral clavicle, moderate tenderness over the supraspinatus insertion, and AC joint grinding with passive and active range of motion. Imaging showed irregularity with cuff repair. Surgery was again requested. The 5/20/15 utilization review non-certified the appeal request for left shoulder surgery for lack of imaging evidence of significant shoulder pathology requiring surgical intervention or evidence of 6 months of conservative treatment. The 9/1/15 treating physician report relative to exam date 8/24/15 indicated that the injured worker had been refractory to 2 corticosteroid injections and multiple physical therapy visits with continuing home exercise program. The injured worker had attended 12 physical therapy visits from 9/23/14 to 11/26/14 with no relief of pain or increased strength. Physical exam documented AC joint tenderness, positive cross body test, moderate supraspinatus insertion tenderness, and internal rotation caused palpable and audible click. X-rays were obtained and showed a well-decompressed AC joint. Imaging showed possible undersurface tear around the area of the anchor. The current diagnosis was rotator cuff syndrome. Authorization was requested for a left shoulder arthroscopy with debridement versus a mini-open repair, subacromial decompression, possible modified AC arthroplasty, possible debridement of labrum, and debridement of scar tissue with pre-operative complete blood count (CBC) and comprehensive metabolic panel (CMP), urinalysis, chest x-ray, and EKG, post-operative sling, and 12 post-operative physical therapy sessions. The 9/8/15 utilization review non-certified the left shoulder arthroscopy with debridement versus a mini-open repair, subacromial decompression, possible modified AC arthroplasty, possible debridement of labrum, and debridement of scar tissue and associated surgical requests as imaging did not clearly demonstrate pathology that would benefit from surgical intervention, there was no documentation of activity limitations, and lack of recent physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Shoulder Arthroscopy With Debridement Vs. Mini-Open RC Repair, SAD, Possible Mod AC Arthroplasty, Possible Debridement Of Labrum, Debridement Of Scar Tissue:
Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome; Surgery for rotator cuff repair; Surgery for SLAP repair; Partial claviclectomy.

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 (ODG) 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 for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. Guideline criteria have not been met. This injured worker presents with persistent painful popping in the left shoulder. Functional difficulty has been noted in lifting, carrying objects, and reaching over head. He is status post two prior left shoulder surgeries including open rotator cuff repair, AC arthroplasty, distal lateral clavicle excision, and synovectomy. Clinical exam findings are consistent with AC joint pathology and rotator cuff inflammation. However, imaging does not evidence significant rotator cuff or AC joint pathology, findings of impingement, or acute labral pathology. X-rays showed a well-decompressed AC joint. There is no evidence of a positive diagnostic injection test, limited shoulder range of motion, weakness, or positive impingement findings. Detailed evidence of up to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Pre-Operative CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Pre-Operative CMP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Pre-Operative UA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Pre-Operative chest X -ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Pre-Operative EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-Operative Sling: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004,
Section(s): Activity Modification.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-Operative Physical Therapy Sessions #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009,
Section(s): Shoulder.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.