

<b>Case Number:</b>	CM15-0188380		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/25/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, Indiana, Oregon  
 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 66-year-old female, who sustained an industrial injury on 2-25-15. Current diagnoses or physician impression includes shoulder-upper arm strain and shoulder impingement. Her work status is modified duty. Notes dated 6-5-15 - 8-21-15 reveals the injured worker presented with complaints of left shoulder pain, weakness of the arm "abduction", pain with movement above the shoulder and pain at night as well as tenderness to palpation at the "joint line". A physical examination dated 7-15-15 - 7-24-15 revealed left shoulder "positive impingement, weakness of abduction". There is tenderness noted at the distal clavicle, anterior glenohumeral joint and humeral neck. There is "anterior tenderness to palpation, painful rotation and full abduction, weakness on the left". Treatment to date has included physical therapy, which was not helpful, per note dated 7-24-15. Diagnostic studies to date has included left shoulder MRI dated 6-12-15, which revealed a large full thickness tear of the distal supraspinatus tendon, small amount of subacromial-subdeltoid bursal fluid and mild acromioclavicular joint arthrosis. A request for authorization dated 8-21-15 for left shoulder arthroscopy distal clavicle resection, subacromial decompression, rotator cuff rear repair, slap repair, possible open, 2 week use of a sling, Vicodin ES 7.5-325mg #90 surgical assistant are non-certified and physical therapy 18- sessions is modified to 10-sessions, per Utilization Review letter dated 9-11-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy distal clavicle resection, subacromial decompression, rotator cuff tear repair, slap repair, possible open:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Partial claviclectomy, Surgery for impingement syndrome, Surgery for rotator cuff repair, Surgery for SLAP lesions.

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

**Decision rationale:** Based upon the CA MTUS Shoulder Chapter recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for posttraumatic 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 imaging does not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the request is not medically necessary.

**Associated surgical service: Surgical assistant:** 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: 2 week use of a 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.

**18 sessions of physical therapy:** 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.

**Vicodin ES 7.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore, the request is not medically necessary.