

<b>Case Number:</b>	CM15-0189061		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 62-year-old female who sustained an industrial injury on 5/16/13. Injury occurred relative to opening and closing a door that needed repair. Conservative treatment had included physical therapy, activity modification, and medications. The 7/20/15 left shoulder MRI impression documented moderate osteoarthritis of the left glenohumeral joint with contour change involving the posterior inferior glenoid rim which may represent prior fracture or dislocation. There was an associated 9.5 mm loose body in the sub coracoid region. There was disruption of the long head of the biceps tendon from the glenoid labrum with an extensive SLAP lesion. There is associated diffuse maceration of the posterior inferior glenoid labrum in conjunction with the contour change of the glenoid rim. There was diffuse supraspinatus tendinopathy with a small distal articular surface non-full thickness tear. There were moderate hypertrophic degenerative changes of the acromioclavicular (AC) joint with inferior osteophytic spurring impinging on the supraspinatus tendon. There was subscapularis tendinopathy. The 9/3/15 initial orthopedic report cited left shoulder pain, and pain at night. She was taking Tylenol for pain. Right shoulder exam documented full motion, 4+/5 cuff strength, positive impingement, AC joint tenderness, and no shoulder instability. Imaging showed glenohumeral osteoarthritis, loose body within the subcoracoid region, and long head biceps tear. There was labral tear, tendinopathy, diffuse and near full thickness in the supraspinatus, and degenerative change of the AC joint. She had extensive conservative treatment without sustained improvement. She had not had an injection but that would not alleviate the mechanical symptoms, weakness, and symptoms associated with tearing. Authorization was requested for left shoulder arthroscopy versus open

decompression, bicep tenotomy, debridement and possible rotator cuff repair and/or labral repair, and distal clavicle resection, Norco 5/325 mg #60, refills 0, and 8 post-operative physical therapy visits. The 9/24/15 utilization review non-certified the request for left shoulder arthroscopy versus open decompression, bicep tenotomy, debridement and possible rotator cuff repair and/or labral repair, and distal clavicle resection and associated post-op physical therapy as there was no documentation of a steroid injection and no official MRI report to support the medical necessity of this request. The request for Norco 5/325 mg #60 was non-certified as it was assumed to be for post-operative pain control as it had not been previously prescribed.

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

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

#### **1 Left shoulder arthroscopy vs open decompression, bicep tenotomy, debridement and possible rotator cuff repair and/or labral repair, distal clavicle resection: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for impingement syndrome; Indications for surgery - Acromioplasty.

**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 rotator cuff tear; Surgery for SLAP lesions; Partial claviclectomy.

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For small full thickness rotator cuff tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. The Official Disability Guidelines (ODG) for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. 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. Guideline criteria have been met. This injured worker presents with persistent left shoulder pain and dysfunction. She was reported at modified work status. Clinical exam findings were consistent with imaging evidence of rotator cuff full thickness tear, an extensive SLAP lesion, and AC joint degenerative changes consistent with impingement. 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.

#### **1 Norco 5/325mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for shoulder pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as normal-release or immediate-release opioids, are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have been met for the post-operative use of Norco. Therefore, this request is medically necessary.

**8 post-operative physical therapy 2x/week for 4 weeks for left shoulder as an outpatient:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome and rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and is consistent with guidelines. Therefore, this request is medically necessary.