

<b>Case Number:</b>	CM15-0193607		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 40 year old male with an industrial injury dated 12-16-2010. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, left side greater than right side neck pain, left shoulder pain, mild traumatic brain injury with memory difficulties and subtle personality changes, low back pain and Electromyography (EMG) of the left upper extremity from 05-23-2012 consistent with left C6 radiculopathy and moderate demyelination of the median nerve. In a progress report dated 08-13-2015, the injured worker presented for further evaluation of neck and shoulder pain. The treating physician reported an expired authorization for left shoulder surgery with a request for an extension. The injured worker reported that he was managing the symptoms with Norco and Motrin. The injured worker reported that it continues to decrease pain level from 8 out of 10 to 2 out of 10. Objective findings revealed fairly good range of motion in the left shoulder, 170 degrees of abduction and flexion, and weakness in left shoulder abduction with no paresthesia down arm. According to the progress note dated 09-10-2015, the injured worker presented for periodic evaluation of injuries involving, head, neck, left shoulder and lower back. The injured worker reported left shoulder pain. Pain level was 2 out of 10 with medications and 8 out of 10 without medications on a visual analog scale (VAS). Current medications include Norco 10-325 mg twice a day. Objective findings (09-10-2015) revealed fairly good range of motion in the left shoulder, slightly asymmetric compared to the right, 170 degrees of abduction and flexion, weakness in abduction and positive Hawkin's test impingement. Magnetic Resonance Imaging (MRI) of the left shoulder dated 05-20-2013 revealed supraspinatus tendinosis, tiny medial

insertional partial tear, lateral down sloping acromion, severe acromioclavicular joint osteoarthritis, and SLAP tear. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The treating physician prescribed services for left shoulder arthroscopic acromioplasty, Mumford procedure, cyst excision, possible labral repair and possible rotator cuff repair. The utilization review dated 09-28-2015, non-certified the request for left shoulder arthroscopic acromioplasty, Mumford procedure, cyst excision, possible labral repair and possible rotator cuff repair.

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

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

**1 left shoulder arthroscopic acromioplasty, Mumford procedure, cyst excision, possible labral repair and possible rotator cuff repair: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic) Partial claviclectomy (Mumford procedure), Indications for surgery- Acromioplasty and Shoulder (Acute and Chronic) Surgery for impingement syndrome.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder section, acromioplasty.

**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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 9/10/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 9/10/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore the determination is for non- certification. Therefore, the request is not medically necessary.