

<b>Case Number:</b>	CM15-0203159		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 65-year-old male who sustained an industrial injury on 2/12/15. The specific mechanism of injury was not documented. The 2/14/15 right elbow x-ray documented olecranon fracture with an avulsion of 4 cm, and degenerative changes. The 2/24/15 right shoulder impression documented grade 2-3 acromioclavicular (AC) separation. He underwent repair of triceps tendon avulsion on 2/25/15. Conservative treatment included medications, activity modification, and physical therapy. The 5/11/15 right shoulder MR arthrogram impression documented mild tendinosis of the supraspinatus and infraspinatus without tear, SLAP tear of the superior labrum biceps labral complex with anterior superior to posterior superior extension, and intact inferior glenohumeral ligament labral complex. There was grade 4 chondral loss in the posterior aspect of the humeral head measuring 13 mm medial to lateral. There was mild to moderate subscapularis tendinosis superior distal fibers measuring 17 mm in longitudinal extent spurring of the lesser tuberosity. There was increased sign in the intra-articular biceps tendon extending to the extra-articular biceps tendon, which might be iatrogenic. There was spurring of the anterior and posterior glenoid rim. The 9/22/15 orthopedic consult note cited diffuse right shoulder pain. He had partial temporary relief with corticosteroid injections. Physical exam documented good shoulder range of motion, pain with range of motion, tenderness to palpation over the subacromial space. Imaging documented SLAP and biceps pathology, positive chondral defect right humeral head, impingement syndrome, and osteoarthritis. The treatment plan recommended right shoulder arthroscopic biceps tenodesis and decompression. The 9/22/15 occupational medicine report indicated that the injured worker

had on-going right shoulder pain with weakness. He underwent a repeat shoulder injection on 8/24/15 with no improvement and the orthopedist was recommending surgical correction. Radiographic and imaging results were restated. Authorization was requested for right shoulder arthroscopy. The 9/30/15 utilization review non-certified the request for right shoulder arthroscopy as there was no detailed documentation of response to injections or amount of physical therapy treatment, no shoulder exam or diagnosis, and no details regarding the planned surgical procedure as submitted by the occupational medicine physician.

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

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

#### **Right shoulder arthroscopy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://odg-twc.com/odgtwc/shoulder.htm>).

**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 SLAP lesions.

**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. The Official Disability Guidelines recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been met. This injured worker presents with persistent right shoulder pain and weakness following traumatic injury. The surgeon has recommended right shoulder arthroscopic biceps tenodesis and decompression. Clinical exam findings are consistent with imaging evidence of labral and biceps pathology and plausible impingement. A positive diagnostic injection test was documented. Evidence of up to 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.