

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0206083 |                              |            |
| <b>Date Assigned:</b> | 10/22/2015   | <b>Date of Injury:</b>       | 02/08/2000 |
| <b>Decision Date:</b> | 12/11/2015   | <b>UR Denial Date:</b>       | 10/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/20/2015 |

### 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: Minnesota, Florida

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 55 year old female, who sustained an industrial injury on 2-8-00. The injured worker was diagnosed as having right shoulder bursitis; right shoulder rotator cuff tear or rupture; right shoulder girdle sprain. Treatment to date has included status post cervical spine fusion (2000); ); status post right shoulder surgery with gastric bypass, cholecystectomy (1-20-01); status post right shoulder surgery (2002); status post right carpal tunnel release-trigger finger release 3rd digit (2003); status post left carpal tunnel release (2005); status post ulnar nerve right elbow-right carpal tunnel release (2008); status post right arthroscopic shoulder surgery with rotator cuff tear repair (4-9-10); physical therapy; medications. Diagnostics studies included Right Shoulder Arthrogram (9-21-15). Currently, the PR-2 notes dated 10-14-15 indicated the injured worker complains of "severe right shoulder pain with high level of pain tolerance". The provider notes "There have been no significant changes in the current symptoms. Pain is severe with a rating of 8 out of 10." She reports she presents for a MRI review of the right shoulder. She reports crepitus with movements; has normal range of motion with pain; dull, sharp pain radiating to the right elbow, numbness and tingling and burning sensations are reported in the right hand. She also reports she is left handed and does not use the right arm. on physical examination, the provider documents "Right shoulder examination: prior Sabre incision-Mumford procedure with 3 scars. Functional but limited range of motion (20% decrease) but able to maintain 90 degrees abduction." He reviewed and documents Arthrogram of right shoulder findings on 9-21-15 as "gleno-humeral: Grade 3-4 chondromalacia; Hill-Sachs: Large (no instability); posterior labral tear; prior Mumford and rotator cuff repair; infraspinatus:

delamination and supraspinatus: Contrast leaks to SA space; partial articular side tear evident." A PR-2 note dated 8-2-15 indicated the injured worker had the same "excruciating pain in the right shoulder" with the same pain severity rating of "8 out of 10" and description of the pain. A surgeon recommended a shoulder replacement surgery. This provider notes she has "poor recall of prior treating physicians; as she states she is on medications (Oxycodone)." He completed a physical examination that is same to similar as the PR-2 dated 10-14-15. A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 10-15-15 and non-certification for Arthroscopy right shoulder decompression subacromial space-partial acromioplasty, rotator cuff repair, posterior labrum debridement, posterior ganglion excision and Post-op physical therapy. A request for authorization has been received for Arthroscopy right shoulder decompression subacromial space-partial acromioplasty, rotator cuff repair, posterior labrum debridement, posterior ganglion excision and Post-op physical therapy.

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

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

**Arthroscopy right shoulder decompression subacromial space/partial acromioplasty, rotator cuff repair, posterior labrum debridement, posterior ganglion excision:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Integrated Treatment/ Disability Duration Guidelines, Criteria for SLAP lesions.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The injured worker is a 55-year-old female with a date of injury of 2/8/2000. She is status post multiple right shoulder surgical procedures, the last one on 4/9/2010. Right shoulder arthrogram dated 9/21/2015 has revealed grade 3 and 4 chondromalacia of the glenohumeral joint, Hill-Sachs deformity of the humeral head without instability, posterior labral tear and partial thickness articular side rotator cuff tear. The surgery requested is arthroscopy with subacromial decompression partial acromioplasty, rotator cuff repair, posterior labrum debridement, posterior ganglion excision and postsurgical physical therapy. The major pathology appears to be the glenohumeral arthritis which will not be helped by this surgical procedure. The rotator cuff tear is partial thickness with a likely pinhole related to previous surgery which does not need any specific surgical procedure according to guidelines. 3-6 months of an exercise rehabilitation program with corticosteroid injections and physical therapy is recommended by guidelines. Evidence of a recent nonoperative treatment program has not been submitted. She had undergone subacromial decompression in the past and the documentation does not indicate the medical necessity for a revision. A Mumford procedure had also been performed in the past. The posterior labrum and the Hill-Sachs deformity have not resulted in any instability and so no surgery is necessary for those. In light of the above, the request for arthroscopy of the right shoulder with subacromial decompression, partial acromioplasty, rotator cuff repair, posterior labrum debridement and posterior ganglion excision is not supported and the medical necessity of the request has not been substantiated.

**Post-op 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 surgical procedure is not medically necessary, none of the associated surgical requests are applicable.