Case Number:	CM15-0207079		
Date Assigned:	10/23/2015	**Date of Injury:**	12/19/2011
Decision Date:	12/07/2015	**UR Denial Date:**	10/02/2015
Priority:	Standard	**Application Received:**	10/21/2015

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 48-year-old female who sustained an industrial injury on 12/19/11. Injury was reported relative to work-related repetitive strain. Past medical history was positive for hypertension, high cholesterol, diabetes, and neuropathy. She underwent right carpal tunnel release in 2012, right rotator cuff repair in 2013, and right revision rotator cuff repair with biceps relocation in 2014. Conservative treatment for the left shoulder has included medications, activity modification, corticosteroid injection, acupuncture, physical therapy, TENS unit, and activity modification. The 5/28/15 left shoulder MRI impression documented partial thickness tearing and thinning of the supraspinatus tendon, downsloping acromion causing significant narrowing of the subacromial outlet, degenerated hypertrophic acromioclavicular (AC) joint with inflammation, and early glenohumeral cartilage wear. The 9/22/15 initial orthopedic evaluation report cited left shoulder pain, weakness and stiffness with difficulty reaching overhead and occasional pain at night. She reported left hand numbness and tingling, mostly along the index and long fingers and occasionally drops things. Left shoulder exam documented mild posterior atrophy with forward scapular posture and moderate distal clavicle prominence. There was tenderness over the anterior and lateral acromion, greater tuberosity, AC joint, and bicipital groove. Range of motion was documented as forward flexion 150, abduction 140, extension 30, and external rotation 70-90 degrees with internal rotation to L1. There was 4/5 deltoid and biceps weakness and 4-/5 supraspinatus and external rotation weakness. Hawkin's, Neer, resisted abduction, Speed's, crossed arm adduction, and jerk tests were positive. Fluoroscopic views of the left shoulder were obtained and showed type II+ acromion and advanced AC joint

degeneration and spurring. Her MRI demonstrated a full thickness rotator cuff tear, AC joint degeneration and biceps tendinitis. Left wrist EMG/nerve conduction study findings were consistent with moderate left carpal tunnel syndrome. The diagnosis included left shoulder rotator cuff impingement, rotator cuff tear, AC joint arthrosis, and biceps tendinitis, and left carpal tunnel syndrome. Authorization was requested for left shoulder arthroscopic acromioplasty, rotator cuff repair, distal clavicle resection, biceps tenodesis, and possible tenotomy, left carpal tunnel release, post-operative shoulder sling, and post-operative physical therapy. The 10/2/15 utilization review stated that the request for left shoulder arthroscopic acromioplasty, rotator cuff repair, distal clavicle resection, biceps tenodesis, and possible tenotomy was modified to left shoulder arthroscopic acromioplasty, distal clavicle resection, possible rotator cuff repair, and possible biceps tenodesis or tenotomy with no rationale provided in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic acromioplasty, rotator cuff repair, distal clavicle resection biceps tenodesis possible tenotomy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for Impingement syndrome; Surgery for rotator cuff repair; Partial claviculectomy; Surgery for SLAP lesions.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery and rotator cuff surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for impingement syndrome and partial thickness rotator cuff repairs that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. Guideline criteria for partial claviculectomy 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. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. Guidelines state that definitive diagnosis of a SLAP lesion is diagnostic arthroscopy. Guideline criteria have been met. This injured worker presents with persistent left shoulder pain and associated functional difficulty. Clinical exam findings are consistent with imaging evidence of impingement and AC joint and rotator cuff pathology, and plausible biceps pathology. A positive diagnostic injection test is documented. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.