

<b>Case Number:</b>	CM15-0022223		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 who reported an injury on 05/19/2014. The injured worker reportedly suffered a right upper extremity strain when tightening bolts. The current diagnosis is impingement syndrome of the right shoulder with partial rotator cuff tear. The injured worker presented on 01/15/2015 for an Initial Orthopedic Evaluation. It was noted that the injured worker was initially treated with 6 sessions of physical therapy. The injured worker was referred for a steroid injection in 07/2014; however, the injured worker declined the injection. The current complaints include right shoulder pain with activity limitation, popping, grinding, and difficulty sleeping. The injured worker was utilizing ibuprofen. Previous x-rays obtained on 01/14/2015 revealed a slight thickening of the anterior acromion with anterior curvature to the acromion and intact glenohumeral and acromioclavicular joints. An MRI of the right shoulder previously completed on 07/14/2014 revealed abnormal signal involving the supraspinatus consistent with partial tearing as well as irregularity involving the glenoid labrum consistent with a tear. Upon examination, there was 170 degree flexion, 45 degree extension, 165 degree abduction, 45 degree adduction, 65 degree internal rotation, 80 degree external rotation, tenderness to palpation over the subacromial bursa and bicipital tendon, 1+ acromioclavicular joint crepitus, marked pain with abduction against resistance, and 4/5 motor weakness. Recommendations at that time included a right shoulder arthroscopy with subacromial decompression, debridement, and possible rotator cuff repair. There was no Request for Authorization form submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right shoulder arthroscopy with subacromial decompression, debridement and possible rotator cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. Prior to surgery for impingement syndrome and partial rotator cuff tear, conservative treatments should be carried out for at least 3 to 6 months. Conservative care should also include cortisone injections. According to the documentation provided, the injured worker's MRI of the right shoulder on 07/14/2014 does reveal evidence of supraspinatus tendinosis with suspicion for a partial tear as well as heterogeneous signal intensity in the inferior glenoid labrum with a possible inferior glenoid labral tear. There was mild joint osteoarthritis of the acromioclavicular joint and glenohumeral joint. There was mention of a short course of physical therapy immediately following the injury. However, there was no evidence of a recent attempt at conservative treatment to include active rehabilitation. It was also noted that the injured worker declined a corticosteroid injection for the shoulder. Given the above, the injured worker does not meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines. As such, the request is not medically appropriate.

**1 Surgical assistant:** 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 procedure is not medically necessary, none of the associated services are medically necessary.

**1 Celebrex 200mg #30 with no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDS are not recommended for long term use. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the abovementioned diagnoses. The request as submitted also failed to indicate a frequency. As such, the request is not medically appropriate.