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| <b>Case Number:</b>   | CM15-0023109 |                              |            |
| <b>Date Assigned:</b> | 02/12/2015   | <b>Date of Injury:</b>       | 02/14/2006 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 01/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2015 |

### 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 45-year-old male who reported injury on 02/14/2006. The mechanism of injury was due to lifting. His diagnoses include impingement syndrome. His past treatments included injections, medications, surgery, acupuncture, and physical therapy. The left shoulder MRI performed on 02/03/2014 revealed a prior acromioplasty, an intrinsic signal in the supraspinatus consistent with a moderate tendinopathy without a full thickness tear. There was a noted proximal tear of the long head of the biceps tendon and small slap lesion, however, the anterior and posterior labral/capsular structures appear to be intact. On 01/02/2015, the injured worker complained of continued left shoulder pain rated 8/10 with associated symptoms of stabbing and sharpness. The physical examination revealed biceps deformity in the left shoulder with a painful drop arm test, weakness, and positive impingement test. The treatment plan included a left shoulder arthroscopic revision, subacromial decompression with retrocoracoid decompression, distal clavicle resection, rotator cuff debridement, and OT 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 Revision SAD with Retrocoracoid Decompression Distal Clavicle/Resection and Rotator Cuff Debridement and OT Repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Rotator Cuff Repair.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, surgical consideration for patients with impingement syndrome may be indicated for resection of the clavicle after 6 months to 1 year after a trial of cortisone injections have failed. Furthermore, injured workers who have significant rotator cuff impairment are indicated for surgery after failing conservative therapy for at least 3 months. Upon examination, the injured worker was noted to have positive impingement, weakness, biceps deformity, and a painful drop arm test. However, there was a lack of documentation in regard to conservative treatments to include failed local cortisone injections or temporary pain relief from diagnostic injections. Furthermore, there was a lack of documentation in regard to other forms of conservative treatments for at least 6 months to 1 year prior to the surgical request. In addition, the MRI specified an absence of a full thickness tear of the rotator cuff. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.