

<b>Case Number:</b>	CM15-0026909		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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:

The injured worker is a 47-year-old male who sustained an industrial injury on 12/16/13. Injury occurred while he was forcibly removing a stuck air filter. Initial conservative treatment included anti-inflammatory medications, muscle relaxants, and activity modification. The 8/13/14 left shoulder MRI impression documented minimal tendinosis of the supraspinatus tendon, with no rotator cuff tear. There was a type II acromion without significant narrowing of the coracoacromial arch. There was a mild amount of fluid in the subacromial/subdeltoid bursa, likely representing a bursitis. The acromioclavicular (AC) joint and coracoacromial ligament were documented as normal. The 8/28/14 electrodiagnostic study findings were consistent with left carpal tunnel syndrome. The 12/18/14 treating physician report cited left shoulder pain. The patient was frustrated regarding the denial of the corticosteroid injection under ultrasound guidance and wanted to just skip the injection and undergo surgery. Left shoulder exam documented positive arc sign, and positive Neer's, Hawkins and Apley's cross arm tests. There is gross weakness of the rotator cuff musculature. There is clicking coming from the acromioclavicular joint. There is tenderness along the superolateral aspect of the shoulder in bursal extension and over the rotator cuff. The treating physician noted imaging findings of a type II acromion, bursitis and tendinitis, and opined the medically necessary of surgical decompression as he does a lot of overhead reaching work. The treatment plan recommended left shoulder arthroscopy with subacromial decompression, extensive debridement, distal clavicle resection, and coracoacromial ligament resection, with associated surgical requests, including 12 sessions of post-op physical therapy. The 1/30/15 utilization review non-certified the request for

subacromial decompression, extensive debridement, distal clavicle resection, excision coracoacromial ligament left shoulder as there was no imaging evidence of severe acromioclavicular joint changes or impingement.

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

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

**Subacromial decompression, extensive debridement, resection of the distal clavicle and excision of the coracoacromial ligament of the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome; Partial claviclectomy.

**Decision rationale:** The California MTUS guidelines provide a general recommendation for impingement 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 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, and positive impingement sign with a positive diagnostic injection test. Guideline criteria for partial claviclectomy 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. Guideline criteria have not been met. This patient presents with left shoulder pain with clinical exam findings consistent with impingement. There is imaging evidence of a type II acromion but no clear evidence of impingement, and no AC joint or coracoacromial ligament pathology demonstrated. A diagnostic impingement test has not been performed. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including injection, and failure has been submitted. Therefore, this request is not medically necessary.