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| <b>Case Number:</b>   | CM15-0026978 |                              |            |
| <b>Date Assigned:</b> | 02/19/2015   | <b>Date of Injury:</b>       | 05/25/2014 |
| <b>Decision Date:</b> | 03/31/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <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 34-year-old female who sustained an industrial injury on 5/25/14. Injury occurred when she was struck by another employee over the anterior aspect of the right shoulder. Initial conservative treatment included x-rays, medications, and activity modification. Records documented a subacromial injection on 7/30/14 made her worse for a few days, then she returned to baseline. The 8/21/14 chiropractic report documented MRI findings of mild proliferative changes at the acromioclavicular (AC) joint. The 9/30/14 electrodiagnostic study was normal. The 1/21/2015 orthopedic report cited continued activity limiting right shoulder pain with subjective complaints of numbness, pain and weakness radiating down the arm. Conservative treatment, including injections, manipulation, and therapy have not provided improvement. She was reluctant to use her right arm. Physical exam documented pain with resisted abduction and external rotation, normal sensory exam, and tenderness to palpation over the anterior glenohumeral joint, posterior joint line, and rotator cuff insertion. There was no pain over the AC joint. Active flexion was 150 degrees, with external rotation 75 degrees. The assessment was right shoulder pain, not improving with conservative treatments. The treatment plan recommended arthroscopy for complete evaluation of the glenohumeral joint with subacromial decompression. The 2/2/15 utilization review non-certified a right shoulder arthroscopy with subacromial decompression, and post op physical therapy evaluation, post op physical therapy 3x4. The rationale indicated that there was no imaging evidence or clinical exam findings documented relative to impingement, or positive diagnostic injection test. The CA MTUS Postsurgical and Chronic Pain Medical Treatment Guidelines and ODG were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Scope, SAD, Debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation ODG Indications for Surgery - Acromiopalsty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Shoulder: Surgery for Impingement syndrome

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For subacromial decompression, conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty 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. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. This patient presents with complaints of right shoulder pain that limits activity and has persisted despite 6 months of reasonable and comprehensive conservative treatment. There is pain with resisted motions, limited motion, and tenderness over the glenohumeral joint and rotator cuff. There was no pain over the AC joint. There is no documentation of positive impingement tests and a diagnostic injection was negative. Imaging was reported with AC joint changes, but no report was available to evidence impingement. Given the absence of clinical and imaging evidence of impingement, this request is not medically necessary at this time.

**Post Op Physical Therapy Eval, Post Op Physical Therapy 3x4:** 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.

