

<b>Case Number:</b>	CM15-0225377		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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: Minnesota, Florida

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 59 year old female injured worker suffered an industrial injury on 8-28-2007. The diagnoses included bilateral shoulder tendonitis. On 8-19-2015 and 9-30-2015, the provider reported the left shoulder remained symptomatic despite therapy and injections. The exam revealed 8 to 9 out of 10 pain, severe loss of range of motion, tenderness over the biceps tendon and positive impingement signs. The Hawkin's and Neer's tests were positive. Prior treatments included medication, cortisone injection and 6 sessions of chiropractic therapy. Diagnostics included left shoulder MRI 3-14-2013 revealed fluid in the subacromial bursitis with fluid tracking to the superior margin of the supraspinatus muscle-tendon junction associated with supraspinatus tendinosis with reactive peritendinitis. Request for Authorization date was 9-30-2015. Utilization Review on 10-13-2015 determined non-certification for Left shoulder arthroscopy with acromioplasty, possible Mumford Procedure and possible rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy with acromioplasty, possible Mumford Procedure and possible rotator cuff repair:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Shoulder: Topic: Partial claviclectomy.

**Decision rationale:** Per primary treating physician's progress report dated 7/1/2015 MRI of the left shoulder dated 3/14/2013 was reported to show fluid in the subacromial bursa reflective of subacromial bursitis with fluid tracking to the superior margin of the supraspinatus muscle/tendon junction associated with supraspinatus tendinosis with reactive peritendinitis. MRI of the cervical spine was reported to show 2-3 mm disc herniations at C3-4, C4-5, C5-6, and C6-7 (11/2/2011). EMG/nerve conduction study dated 11/9/2011 was "normal study of bilateral upper extremities." A neurological consultation dated July 21, 2015 is noted. The subjective complaints included left-sided low back pain radiating to the posterior aspect of left lower extremity down to the ankle, pain in the neck and both shoulders and hands as well as numbness, tingling, and weakness in the right hand. On examination, there was no neurologic deficit in the upper extremities. Therefore EMG/nerve conduction studies of the upper extremities were not performed. Only the lower extremities were tested. The primary treating physician's progress report dated 8/19/2015 is noted. The unofficial MRI report of the (unspecified left or right) shoulder dated 7/16/2015 revealed acromioclavicular joint arthropathy with mild medial arch narrowing, minor peritendinitis of the supraspinatus tendon and no rotator cuff tendon tear. The subjective complaints included neck pain with radiation to bilateral upper extremities, left worse than the right. The right shoulder pain was 7-8/10. Left shoulder pain was 8/10. There was bilateral wrist pain rated 7/10 on the left and 4/10 on the right. She reported numbness in the left wrist and both hands. She also complained of low back pain with radiation to left lower extremity rated 6/10. On examination, tenderness was noted over the biceps tendon in both shoulders, flexion of the right shoulder was 120 and the left shoulder 100 . Abduction was 35 in both shoulders. External rotation was 40 on the right and 15 on the left. Hawkins was mildly positive on the right and positive on the left. Neer's was mildly positive on the right and positive on the left. Based upon the MRI evidence of tendinitis and bursitis of the left shoulder, the provider requested authorization for left shoulder arthroscopic surgery. The documentation provided does not include evidence of an injection of local anesthetic into the subacromial space to distinguish pain sources in the shoulder area, for example impingement. The California MTUS guidelines recommend surgical consultation for patients who have red flag conditions such as an acute rotator cuff tear in a young worker, activity limitation for more than 4 months plus existence of is surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical, imaging evidence of a lesion that has been shown to benefit in both the short and long- term from surgical repair. In this case, the injured worker complains of generalized pain in the neck and back and extremities. The left shoulder surgery is requested for management of impingement syndrome; however, evidence of a recent comprehensive non-operative exercise rehabilitation program with 2-3 corticosteroid injections and physical therapy for 3-6 months has not been submitted. Some of the notes indicate physical therapy had been tried in the past but no recent physical therapy is documented. The official MRI report has not been submitted but some evidence of acromioclavicular arthritis is reported. ODG guidelines necessitate the presence of acromioclavicular joint tenderness, and evidence of severe acromioclavicular arthritis for a Mumford procedure. For the possible rotator cuff repair, the guidelines also require conservative treatment as well as MRI evidence of a tear, which has not been submitted. As such, the request for arthroscopy with acromioplasty, possible Mumford procedure and possible rotator cuff repair is not supported and the medical necessity of the request has not been substantiated.