

<b>Case Number:</b>	CM15-0053825		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 62-year-old male who sustained an industrial injury on 8/8/14. Injury occurred while traveling in the sleeper berth of a truck, he was thrown out of the berth, striking the back of the driver and passenger seats, and landing on the floor board. He reported injuries to the neck, mid back, low back, right elbow and left ankle. Conservative treatment included physical therapy, acupuncture, activity modification, anti-inflammatory medications, and analgesic medications. The 1/26/15 right shoulder MRI impression documented lateral outlet stenosis impingement related tendinosis and peritendinitis of the supraspinatus and infraspinatus tendons distally about the footplate. There was a 6 mm rim rent tear of the far anterodistal supraspinatus tendon. There was no evidence of a rotator cuff macro tear. Findings represented a likely non-displaced inferior glenoid labrum tear. Findings documented inflamed hypertrophic acromioclavicular (AC) joint arthrosis. The acromion demonstrated a type II configuration with slight lateral downsloping and thickening of the coracoacromial acromial ligament attachment contributing to an outlet encroachment. The 2/6/15 treating physician report cited constant neck, bilateral shoulder, and low back pain, and headaches. Difficulty was noted with activities of daily living, overhead activities, and sleeping. Right shoulder exam documented atrophy in the deltoid region, and tenderness to palpation over the AC joint, coracoid process, and anterior and middle shoulder joint. Neer's, Hawkin's tests, drop arm, and anterior apprehension tests were positive. Right shoulder range of motion was painful with flexion 143, extension 28, abduction 140, adduction 44, external rotation 75, and internal rotation 65 degrees. Grip strength was 38/35/37 pounds right and 10/98/95 pounds left. Imaging showed impingement, supraspinatus

tear, and non-displaced tear of the inferior glenoid labrum. The treatment plan included request for authorization for right shoulder arthroscopy with repair of the rotator cuff and Mumford procedure, and associate surgical items/services. The treating physician reported that the patient had pain relief with a diagnostic injection. Authorization was requested for 18 post-op physical therapy visits. The 2/27/15 treating physician report documented persistent right shoulder pain with difficulty in overhead activities and lifting. The 3/2/15 utilization review non-certified the request for right shoulder arthroscopy with rotator cuff repair and Mumford and associated pre-operative clearance as there was no documentation of AC joint pain, subacromial injection, or imaging evidence of AC joint degeneration or rotator cuff tear.

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

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

**Pre-Operative clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guidelines.gov](http://www.guidelines.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. This patient has a complex surgical history. Guideline criteria have been met based on age and the risks of undergoing anesthesia. Middle-aged males have known occult increased medical/cardiac risk factors. Therefore, this request is medically necessary.

**Right shoulder arthroscopy with repair of the rotator cuff and mumford procedure:**  
Overturned

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

**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 rotator cuff repair; Surgery for impingement syndrome; Partial claviclectomy.

**Decision rationale:** The California MTUS ACOEM guidelines provide a general recommendation for rotator cuff repair and impingement syndrome. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months, including injections. The Official Disability Guidelines for rotator cuff repair of partial thickness tears generally require 3 to 6 months of

conservative treatment, plus painful arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, rotator cuff or anterior acromial tenderness, and positive impingement sign with a positive diagnostic injection test. Criteria include imaging evidence of a rotator cuff deficit. Guideline criteria for partial claviclectomy (Mumford) 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 been met. This patient presents with persistent function-limiting right shoulder pain. Clinical exam findings are consistent with imaging evidence of impingement, AC joint arthrosis, and rotator cuff tear. A diagnostic injection test was reported positive. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.