

<b>Case Number:</b>	CM15-0057021		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/22/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 48-year-old male who sustained an industrial injury on 6/22/13, relative to a fall. He underwent left shoulder arthroscopy, repair of the labrum, decompression of a spinal glenoid cyst, and subacromial decompression on 11/12/13. The 4/3/14 left shoulder MRI demonstrated irregular signal in the superior labra with a small tear, paralabral cyst, and full thickness supraspinatus tear. The 2/23/15 treating physician report reported persistent left shoulder pain and stiffness following surgery. He reported daily pain, worse with overhead reaching, and stiffness and weakness. Pain woke him at night. Left shoulder exam documented anterior tenderness, and positive impingement and abduction signs. There was guarded left shoulder range of motion with flexion 110, abduction 100, and internal/external rotation 30 degrees. The diagnosis included recurrent left rotator cuff tear status post repair, and persistent left labral tear. The 4/3/14 left shoulder MRI was reviewed and showed a torn glenoid labrum, paralabral cyst, rotator cuff tear and postsurgical anchors. The 2/23/15 left shoulder x-rays demonstrated no evidence of arthritis. The treatment plan recommended arthroscopic reevaluation of the left shoulder and a repair of the rotator cuff tear and labral tear. Authorization was requested for shoulder arthroscopy, subacromial decompression, possible rotator cuff repair, possible SLAP repair, possible open biceps tenodesis and distal clavicle excision. The 3/5/15 utilization review modified a request for left shoulder arthroscopy, subacromial decompression, possible rotator cuff, SLAP repair, possible open biceps tenodesis, and distal clavicle excision, to left shoulder arthroscopy, subacromial decompression, and possible rotator cuff, SLAP repair. The rationale for non-certification of the request for possible open biceps tenodesis and distal

clavicle excision stated that there was no indication of biceps pathology that would require biceps tenodesis, and x-rays did not identify AC joint arthrosis.

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

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

**Possible open biceps tenodesis, excision distal clavicle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter - Surgery for Impingement Syndrome.

**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 SLAP repair; Partial claviclectomy.

**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. The Official Disability Guidelines recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, 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 and severe function-limiting left shoulder pain. Clinical exam findings are consistent with imaging evidence for rotator cuff and labral tearing with plausible impingement and acromioclavicular joint arthrosis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. This patient has been certified for an arthroscopic rotator cuff repair, labral repair, and subacromial decompression. Occult biceps tears, incomplete and MRI-negative, are often confirmed at the time of arthroscopic surgery. This request for possible surgical treatment at the level of the biceps and distal clavicle is reasonable to allow the treating physician treatment discretion at the time of arthroscopic evaluation. Therefore, this request is medically necessary.