

<b>Case Number:</b>	CM15-0084736		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 injured worker is a 35 year old female, who sustained an industrial injury on December 27, 2013. The injured worker was diagnosed as having left shoulder impingement, distal clavicle arthrosis and mild carpal tunnel syndrome bilateral wrists. Treatment and diagnostic studies to date have included injection, physical therapy and medication. A progress note dated March 18, 2015 provides the injured worker complains of left shoulder and bilateral wrist pain. Physical exam notes left shoulder tenderness, decreased range of motion (ROM) and positive impingement. The plan includes surgery, physical therapy and durable medical equipment (DME).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopic acromioplasty and distal clavicle resection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Mumford procedure, Topic: acromioplasty.

**Decision rationale:** An initial comprehensive orthopedic consultation report dated March 18, 2015 is noted. The injured worker is a 35-year-old female with a date of injury of 12/27/2013. The documentation indicates that she underwent gastric bypass surgery in March 2013 for morbid obesity and lost 120 pounds. She was working as an assembler and developed progressive onset of bilateral shoulder and wrist pain during the course of her employment in December. The documentation indicates radiation of the bilateral shoulder pain to the upper trapezius areas. Treatment included rest, medication, chiropractic care, physical therapy and a subacromial cortisone injection all of which provided temporary relief. Chiropractic treatment helped the right shoulder but not the left. On examination there was no swelling, deformity, or atrophy present. Forward flexion of the left shoulder was 160, abduction was 160, external rotation 70, and internal rotation to T10. Neer and Hawkins Kennedy impingement testing was positive on the left. The Jobe test was also positive on the left. Speed's and Yergason testing were negative. The acromioclavicular joint was tender to palpation. MRI scan of the left shoulder was unofficially reported to show signal changes within the rotator cuff, fluid in the subacromial bursa, a type II acromion and early degenerative changes of the acromioclavicular joint. The official MRI report has not been submitted. The diagnosis was persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis, unresponsive to conservative management. The recommendations included arthroscopic acromioplasty and distal clavicle resection. The request was noncertified by utilization review on 4/3/2015. California MTUS guidelines indicate surgical considerations for red flag conditions such as an acute rotator cuff tear in a young worker, activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of is surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The surgery for impingement syndrome is usually arthroscopic decompression. The procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome or small tears is recommended. Although the injured worker did receive one injection and physical therapy, the duration of the physical therapy and the number of treatments for the left shoulder is not known. With regard to the request for a Mumford procedure or partial claviclectomy ODG guidelines are used. The indications for surgery include conservative care directed towards symptom relief prior to surgery plus subjective clinical findings of pain at the acromioclavicular joint, aggravation of pain with shoulder motion or carrying weight plus objective clinical findings of tenderness over the acromioclavicular joint and pain relief obtained from an injection of anesthetic for diagnostic therapeutic trial plus imaging clinical findings of posttraumatic changes of acromioclavicular joint or severe degenerative joint disease of acromioclavicular joint or complete or incomplete separation of the acromioclavicular joint and bone scan is positive for AC joint separation. In this case there is no imaging evidence of severe acromioclavicular arthritis with osteophytes impinging on the supraspinatus muscle. The reported degenerative changes on the MRI scan are

early and do not constitute an indication for surgery. Similarly there is no history of acromioclavicular separation that would necessitate a surgical procedure. As such, the request for a partial claviclectomy is not supported and the medical necessity of the request has not been substantiated.

**Physical therapy 3 times a week for 4 weeks for the left shoulder:** 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.

**Cold therapy unit:** 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.

**Shoulder continuous passive motion device:** 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.

**Ultrasling:** 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.