

<b>Case Number:</b>	CM15-0241012		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2015

### 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:

This injured worker is a 63-year-old male who sustained an industrial injury on 8/15/07. The mechanism of injury was not documented. He underwent left shoulder arthroscopic glenohumeral debridement and synovectomy, subacromial decompression, and distal clavicle resection on 2/4/15. The 8/10/15 treating physician report cited complaints of neck, bilateral shoulder, and bilateral wrist/hand pain with numbness and tingling. Right shoulder exam documented acromioclavicular (AC) joint tenderness, supraspinatus tenderness, and positive impingement sign. The diagnosis included right shoulder impingement. Conservative treatment included pain medication, anti-inflammatory medication, and home exercise program. The 11/2/15 treating physician report cited increased right shoulder pain. Physical exam documented tenderness over the right anterior shoulder. Right shoulder range of motion was documented as 150 degrees of flexion and 120 degrees of abduction. Hawkins's and Neer's impingement signs were positive. The diagnosis was right shoulder subacromial impingement syndrome. He had had extensive conservative treatment. An updated right shoulder MRI was requested. Authorization was requested for right shoulder arthroscopy, intra-articular surgery, and subacromial decompression. The 11/13/15 utilization review non-certified the request for right shoulder arthroscopy, intra-articular surgery, and subacromial decompression as there was a lack of documentation of specific conservative treatment and response, and no documentation of imaging findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder scope, IAS (intra-articular surgery) SAD (subacromial decompression):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 impingement surgery (subacromial decompression), conservative treatment is recommended for 3 to 6 months prior to surgery and should include steroid injections. The Official Disability Guidelines provide indications for impingement syndrome 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, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement. Guideline criteria have not been met. This injured worker presents with a reported increase in right shoulder pain. Clinical exam findings are consistent with the diagnosis of subacromial impingement syndrome. However, there is no evidence of imaging or positive diagnostic injection test to support this diagnosis. Detailed evidence of 3-6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the left shoulder, including physical therapy and steroid injection, and failure has not been submitted. Therefore, this request is not medically necessary at this time.