

<b>Case Number:</b>	CM14-0117624		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 45-year-old female who sustained a vocational injury on August 27, 2012 when she was struck on the head and shoulders with debris falling from a ceiling. The medical records document that the claimant is diagnosed with degenerative disc disease of the cervical spine with chronic neck pain, contusions of the head and upper extremities, aggravation of preexisting degenerative disc disease, status post cervical fusion with chronic neck pain, bilateral shoulder pain with full thickness rotator cuff and SLAP tear of the left shoulder. She complained of neck pain with numbness in the last two digits of her right hand. She was also noted to have posttraumatic stress disorder, right ulnar neuropathy or brachial plexopathy, and post concussion syndrome. The office note dated July 18, 2014, documented that the claimant was seeing a pain management specialist and continued to complain of pain in the neck radiating to the head and both upper extremities. Treatment included a home exercise program. Physical examination noted moderate tenderness in the neck with 1/3 normal range of motion. Examination of the right shoulder showed mild tenderness with 75 percent of normal range of motion. Impingement testing was mildly positive. The left side had 25 percent of normal range of motion with weakness in the rotator cuff and severe pain on range of motion. The claimant was noted to be taking Nucynta, oxycodone, trazodone, Lorazepam and diphenhydramine. The report of an MRI of the left shoulder on November 23, 2013 showed joint effusion, critically-oriented full thickness supraspinatus tendon tear, possible SLAP tear, possible bicipital tenosynovitis. MR arthrogram was recommended if clinically desirable and appropriate. This request is for left shoulder arthroscopy, debridement of the labrum, biceps tenodesis, with subacromial decompression and rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Debridement of Labrum, Possible Biceps Tenodesis, Left Shoulder Arthroscopy with Subacromial Decompression, Rotator Cuff Repair: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines, Second Edition (2004) Chapter 9, page 211-212, Surgical Considerations - Shoulder Complaints

**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 chapter: Biceps tenodesis Recommended as an option for type II or type IV SLAP lesions in patients over 40 years of age. See SLAP lesion diagnosis. Biceps tenodesis (suture of the end of the tendon to the bone) is a surgical procedure usually performed for the treatment of biceps tendonitis of the shoulder. A biceps tenodesis may be performed as an isolated procedure, or part of a larger shoulder surgery such as

**Decision rationale:** California ACOEM Guidelines recommend that there should be activity limitation for more than four months plus the existence of a surgical lesion as well as clear clinical and imaging evidence that a lesion has been shown to benefit in both the short and long term from surgical repair. There should also be documentation of failure to increase range of motion and strength of musculature in the shoulder even after an exercise program plus the existence of a surgical lesion. In the setting of a full thickness rotator cuff repair, exhaustive conservative treatment is typically not medically recommended and it would be reasonable to consider more urgent surgical intervention if full thickness tears are confirmed diagnostically. The documentation provided for review suggests the claimant has ongoing complaints of left shoulder pain which affects activities of daily living and quality of life as well as corroborating abnormal physical examination objective findings consistent with full thickness tears. The MRI report confirmed the diagnosis of a full thickness rotator cuff tear and the claimant has had a reasonable course of conservative treatment which has failed to decrease symptoms and increase overall function. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, it would be considered medically reasonable to proceed with debridement of the labrum, possible biceps tenodesis, left shoulder arthroscopy with subacromial decompression and rotator cuff repair.