

<b>Case Number:</b>	CM14-0123424		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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:

This 54-year-old female registered nurse sustained an industrial injury on 4/14/10 relative to a slip and fall. Past medical history is positive for Sjrgen syndrome and rheumatoid arthritis. The patient underwent left total knee arthroplasty on 5/24/11 and a second left knee replacement in December 2012 after a fall. History is positive for multiple falls. A fall in February 2012 resulted in a non-displaced right humeral fracture, and she subsequently developed a right upper extremity deep vein thrombosis. The patient also sustained an avulsion of the ulnar collateral ligament at the right elbow and a right SLAP tear. The patient underwent a repair of the SLAP tear in November 2012 and repair of the right elbow ulnar collateral ligament in March 2013. The 5/29/14 orthopedic report cited a sense of catching and pain in the anterior aspect of the right shoulder following a recent fall. Shoulder exam documented tenderness over the lateral subacromial region, a lot of glenohumeral tenderness, 120 degrees of flexion/extension, and intact rotator cuff strength. The 5/22/14 MRI was reviewed and demonstrated the rotator cuff intact without full thickness tears, although significant signal change was noted in the supraspinatus, infraspinatus, and subscapularis. There was some acromioclavicular joint arthritis, no labral tear, and some glenohumeral arthritis or chondromalacia. The diagnosis included probable progressive glenohumeral arthritis, right shoulder. The shoulder was reported as improving and continued observation was recommended. The 6/12/14 orthopedic report cited significant right shoulder pain. Pain was deep in her right shoulder and anteriorly. There was pain at rest and pain was aggravated with lifting, reaching, and sleeping. Physical exam documented 130 degrees of flexion and abduction, and 60-70 degrees of external and internal rotation. There was glenohumeral tenderness, very mild lateral subacromial tenderness, and intact rotator cuff strength. Impingement testing was negative. A corticosteroid injection was provided to the right glenohumeral joint. The patient had excellent pain relief with good range of

motion. The treatment plan indicated that there were no surgical indications for the shoulder at this time, she may benefit from an arthroscopic debridement in the future. The 6/12/14 authorization request submitted by the treating physician requested right shoulder surgery per the orthopedist. The 7/21/14 utilization review denied the request for right shoulder surgery based on an absence of a definite surgical treatment plan and limited documentation of failure of conservative care.

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

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

**Right Shoulder Surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**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. Guideline criteria have not been met. There is no imaging evidence of a surgical lesion documented. There is no indication that the patient has had activity limitations for more than 4 months, as symptoms increased after a recent fall in mid-April. The surgeon provided a corticosteroid injection on 6/12/14 with excellent pain response and stated that the patient was not a surgical candidate. Therefore, this request is not medically necessary.