

<b>Case Number:</b>	CM14-0135897		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/24/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Texas. 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 injured worker is a 44-year-old female with reported date of injury on 08/24/2013. The injury reportedly occurred when the injured worker attempted to reach a fan to clean it and felt a pull in her shoulder and neck. Her diagnoses were noted to include left shoulder cuff syndrome, myofasciitis, lateral epicondylitis to the right, elbow tendinitis, and pain to the left shoulder and right elbow. Her previous treatment was noted to include physical therapy, right elbow brace, injections, TENS unit, acupuncture, a home exercise kit. The progress note dated 03/15/2014 revealed complaints of left shoulder pain that did not respond to conservative treatment. The injured worker complained of pain when she elevated her right arm above the shoulder level. The provider indicated the injured worker underwent MRI and NCV/EMG tests. The injured worker rated her pulling pain to the right shoulder that radiated into the neck and elbow as 7/10. The injured worker complained of left elbow pain rated 7/10. The diagnostic tests performed were an x-ray of the left shoulder which was normal and an MRI was done, however, the results were still pending. The nerve conduction study/electromyography of the upper extremities performed 02/07/2014 concluded a normal nerve conduction study and electromyography. The progress note dated 04/18/2014 revealed the injured worker was to do stretching exercises for the medial epicondyle. An MRI scan of the shoulder and elbow was performed; however, the results have not been submitted within the medical records. The progress note dated 04/23/2014 revealed the injured worker was a candidate for left shoulder with decompression since she had failed to improve on conservative modalities of therapy and injections. The Request for Authorization form was not submitted within the medical records. The request was for a left shoulder arthroscopy with decompression for failure to improve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy with decompression:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**Decision rationale:** The request for left shoulder arthroscopy with decompression is not medically necessary. The injured worker has failed conservative treatment and has a positive MRI and positive orthopedic test. The California MTUS/ACOM Guidelines state rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in injured workers. Rotator cuff tears are frequently partial thickness or smaller, full thickness tears. For partial thickness rotator cuff tears and small, full thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. The preferred procedure is usually arthroscopic decompression, which involves debridement of inflamed tissue, burring of the anterior acromion, lysis and sometimes removal of the coracoacromial ligament and possibly removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. The documentation provided indicated the injured worker did not have a positive response to the previous steroid injection. There is a lack of documentation regarding a recent, complete, and adequate assessment submitted with the medical records or the MRI results. Therefore, due to the lack of documentation regarding the MRI results and a recent assessment with symptoms of rotator cuff tear and impingement, the request for left arthroscopic decompression is not appropriate at this time. Therefore, the request is not medically necessary.