

<b>Case Number:</b>	CM14-0161105		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/23/2006
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 is a 51-year-old male who sustained a vocational injury on 3/23/06 while working as a hydroelectric operator. When he was trying to climb into a tall truck that had a large stair, he slipped, fell and landed directly on his left shoulder. The report of an MRA of the right shoulder on 03/07/14 revealed that the claimant was status post rotator cuff repair with bone anchor of the humeral head without re-tear of the supraspinatus, infraspinatus, or teres minor. There was diffuse tendinosis and an amorphous appearance of the subscapularis with interstitial tears and contrast into the tendon and slightly into the anterior bursa suggesting a focal full thickness tear of the subscapularis. There was no tendon retraction. There was mild atrophy of the subscapularis. There appeared to be slight slippage of the biceps tendon at the lesser tuberosity into the subscapularis insertion and a hidden lesion was suspected. The report of an MRI of the right shoulder on 09/04/14 showed moderate supraspinatus tendinosis with small partial thickness rim rent tear at its anterior attachment without tendon retraction or muscle atrophy. The infraspinatus and teres minor tendons were intact. There was moderate subscapularis tendinosis without full thickness tear, tendon retraction, or muscle atrophy. There was severe tendinosis in the intraarticular portion of the long head of the biceps tendon at its entry point into the bicipital groove. The long head biceps/superior labral anchor was intact. There was an approximately 3 millimeter paralabral cyst adjoining the superior labrum posteriorly. A note was made of thickening of the axillary pouch with reduced signal. Findings suggested sequelae of adhesive capsulitis or capsular scarring. It was also noted that there was previous acromioplasty with moderate degenerative hypertrophic changes at the acromioclavicular joint with capsular hypertrophy. There was mild subacromial and subdeltoid bursitis. The office note dated 09/25/14 noted that the claimant continued to have pain in the right shoulder described as dull and stabbing and worse with rotation of his arm. Medication and ice seemed to relieve his pain.

The claimant was in a chronic pain management program and noted that 65 percent of his pain was relieved by his current medication regimen which included mostly narcotics. The orthopedic office note dated 09/11/14 documented that the claimant had a previous rotator cuff tear and had persistent pain. The claimant was noted to be on Percocet, Darvocet, Lyrica, Mobic, a previous Medrol Dosepak, and Gabapentin. On examination, he had full range of motion. He had a painful arc above 90 degrees of forward flexion and 90 degrees of abduction. He had some demonstrable weakness to resisted forward flexion and a positive impingement test. The long head of the biceps was tender with palpation. He had a negative Speed and Yergason Sign. This review is for right shoulder arthroscopy, right shoulder rotator cuff repair, and possible biceps tenodesis.

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

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

**Right shoulder arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** California ACOEM Guidelines note that prior to considering surgical intervention in the setting of shoulder pain, documentation should support that there is failure to increase range of motion and strength of the musculature around the shoulder even after an exercise program plus the existence of a surgical lesion. There should be activity limitation for more than four months plus the existence of a surgical lesion. There should be clear clinical imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There is no documentation suggesting that the claimant has attempted, failed, and exhausted a recent course of conservative treatment which should include formal physical therapy, home exercise program, and diagnostic/therapeutic subacromial injection. Based on the documentation presented for review and in accordance with California MTUS/ACOEM Guidelines, the request for right shoulder arthroscopy cannot be considered medically necessary.

**Right shoulder rotator cuff repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odgtwc.com/odgtwc/shoulder.htm#Surgeryforrotatorcuffrepair>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Surgery for rotator cuff repair.

**Decision rationale:** The Official Disability Guidelines state that the results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most

patients, selection criteria should include patients with an intact deltoid origin, good quality rotator cuff tissue, and preoperative elevation above the horizontal on one prior procedure. Given the fact that it is not clear what exact pathology is responsible for the claimant's ongoing symptoms in the right shoulder and as previously mentioned in the first request, there should be documentation suggesting there has been an attempt, failure, and exhaustion of conservative treatment to include formal physical therapy, home exercise program, and injection therapy, revision right shoulder rotator cuff repair cannot be supported as medically necessary.

**Possible biceps tenodesis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-tws.com/odgtwc/shoulder.htm#Surgery>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Biceps tenodesis

**Decision rationale:** Previous surgical requests have been denied due to lack of conservative treatment being documented. The same guidelines apply and would hold true for this request for possible biceps tenodesis and subsequently it cannot be considered medically necessary.