

<b>Case Number:</b>	CM14-0098217		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Orthopaedic 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 57-year-old male deputy sheriff who sustained an industrial injury on 4/5/13 relative to cumulative work activities. Past surgical history was positive for L4/5 disc surgery in 2003. The 7/26/13 right shoulder magnetic resonance imaging scan impression documented severe tendinosis of the distal supraspinatus tendon with partial thickness bursal sided tearing involving approximately 50% of the tendon thickness. There was tendinosis of the distal subscapularis, infraspinatus, and biceps tendons. There was a small posterior to posterior-inferior labral tear. There were severe degenerative changes at the acromioclavicular joint with prominent under surface bony remodeling of the distal acromion, increasing the worker's risk for anatomic impingement. The 9/6/13 cervical spine magnetic resonance imaging scan documented severe multilevel degenerative disc disease with normal spinal cord signal intensity. At C5/6, there was a 3-4 mm disc protrusion with moderate central canal stenosis and effacement of the anterior cerebral spinal fluid space and mass effect on the central spinal cord. The 10/22/13 bilateral shoulder x-rays showed moderate acromioclavicular joint degenerative disease with inferior bone spurring on the right greater than the left. Cervical spine x-rays showed degenerative disc and joint disease at C4/5 and C5 with moderate posterior bone spurring at C6. There was no instability. Records indicated that the worker underwent a right subacromial injection on 2/24/14 but the response to this injection is not documented in the records available for review. Records suggested that conservative treatment had been limited to medications. The 5/5/14 treating physician report cited continued neck, headache, and bilateral shoulder pain. The worker failed all conservative measures, including activity modification, physical therapy, pain management, and injection into his right shoulder. Cervical spine exam documented paravertebral muscle and upper trapezius tenderness with spasms. Axial loading and compression tests were positive. Cervical range of motion was restricted and painful with

dysesthesias at the C5 to C7 dermatomes. Bilateral shoulder exam documented subacromial and acromioclavicular joint tenderness with positive impingement and Hawkin's signs. Range of motion was limited and painful at end-range. Weakness was noted. The diagnosis included cervical discopathy and bilateral shoulder impingement syndrome with labral tear and partial rotator cuff tear. A request had been made for cervical spine surgery. The treatment plan recommended right shoulder arthroscopy with subacromial decompression, Mumford resection, and possible rotator cuff repair and debridement. The injured worker was to continue working full duty. The 5/30/14 utilization review denied the right shoulder surgery and associated requests as there was limited information regarding the response to diagnostic injection and where the injection was performed to clearly establish the pain generator.

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

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

**Right shoulder arthroscopy with subarcomial decompression, Mini-open mumford resection, possible rotator cuff repair possible arthrotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure Summary

**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, Surgery for impingement syndrome, Partial claviclectomy

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific 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, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular joint pain, positive diagnostic injection, and imaging findings of acromioclavicular joint post-traumatic changes, severe degenerative joint disease, or acromioclavicular joint separation. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment, including physical therapy, had been tried and failed. There is no documentation of specific abduction weakness, painful arc of motion, night pain, or positive diagnostic injection. A cervical pain generator has not been ruled-out. Therefore, this request is not medically necessary.

**Post-operative rehab and gentle range of motion (ROM) exercises, 3 x 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Arm sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 213.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Medical clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.