

<b>Case Number:</b>	CM15-0007218		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 65-year-old male who sustained an industrial injury on 6/25/12. Injury occurred when he caught his left hand in a machine that cuts metal. He sustained open distal tuft fractures of the left 3rd and 4th fingers, and was diagnosed with a massive rotator cuff tear. He underwent left shoulder rotator cuff repair, subacromial decompression, resection of the undersurface of the clavicle, bicipital tenosynovectomy and repair, debridement of the degenerative labrum tear, synovectomy, lysis of adhesions, release of contracture, and debridement of the left shoulder on 12/26/13. He underwent left long finger extensor tenolysis and repair, arthrotomy and debridement, excision of bony mass, radial digital neurolysis, and removal/repair of the nail plate on 6/19/14. The 11/30/14 left shoulder MRI impression documented postsurgical changes of open rotator cuff repair with tendon to tendon repair of the supraspinatus and infraspinatus tendons without evidence of a full thickness re-tear. There was low grade partial thickness interstitial tear of the subscapularis tendon distally. There was degeneration of the superior labrum and a diminutive anterosuperior labrum with no detached labral tear. There was mild acromioclavicular joint arthrosis and mild degenerative changes of the glenohumeral joint. The 12/15/14 cited severe left shoulder pain. Left shoulder exam documented tenderness over the anterolateral border of the acromion and over the long head of the biceps. There was normal sensation and no swelling. Hawkin's test was positive. There was weakness of the subscapularis and crepitation over the biceps tendon. Left shoulder range of motion was limited to flexion 110, extension 30, abduction 90, adduction 20, and internal rotation 40 degrees. External rotation was 50 degrees. There was global 4/5 shoulder weakness.

The diagnosis was left shoulder impingement syndrome. The treatment plan recommended open left shoulder cuff repair, capsular contracture release, and claviclectomy surgery; and 12 visits of post-operative physical therapy for the left shoulder. On 1/6/2015, utilization review non-certified the request for open left shoulder cuff repair, capsular contracture release, and claviclectomy surgery, and the associated request for 12 post-operative physical therapy sessions. The American College of Occupational and Environmental Medicine, Official Disability Guidelines, the PubMed website article for 'Muscle transfers involving the shoulder', and the Medical Treatment Utilization Schedule, Post-Surgical Treatment Guidelines were cited. The rationale indicated that there was no evidence of a recurrent rotator cuff tear requiring a repeat surgery and there was limited documentation relative to conservative treatment of the shoulder.

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

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

**left shoulder surgery: open cuff repair, capsular contracture release, claviclectomy, and muscle transfer:** 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), Shoulder, <http://www.ncbi.nlm.nih.gov/pubmed/16603110> : Muscle transfers involving the shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Shoulder: Surgery for rotator cuff repair; Surgery for impingement syndrome; Partial claviclectomy; Surgery for adhesive capsulitis

**Decision rationale:** The California MTUS 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 for rotator cuff repair of partial thickness tears generally require 3 to 6 months of conservative treatment, plus painful arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, rotator cuff or anterior acromial tenderness, and positive impingement sign with a positive diagnostic injection test. Criteria include imaging evidence of a rotator cuff deficit. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. The Official Disability Guidelines state that surgery for adhesive capsulitis is under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release for cases failing conservative treatment. Guideline criteria have not been met. This patient presents with significant left shoulder pain and loss of range of motion with positive impingement test. Imaging documented a partial thickness subscapularis tear with labral degenerative and mild acromioclavicular and glenohumeral osteoarthritis. However, there is no evidence of a diagnostic injection test and conservative treatment appears limited to anti-inflammatory medication.

Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial directed to the shoulder and failure has not been submitted. Therefore, this request is not medically necessary at this time.

**12 sessions of post-op physical therapy for the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.