

<b>Case Number:</b>	CM15-0019091		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Minnesota, Florida  
 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 50 year old male who sustained an industrial related injury on 10/21/11. The injured worker had complaints of neck pain, thoracic pain, lumbar pain, and numbness in bilateral arms from the shoulders to the hands. Right shoulder physical examination findings revealed a positive Neer's sign. A computed tomography scan of the right shoulder was noted to have show a Hill-Sachs lesion, mild acromioclavicular arthritis, small subchondral cysts/erosions at the insertion of the supraspinatus tendon, mildly reduced acromiohumeral distance, inferiorly concave acromion, mild superior subluxation of the humeral head, and intact supraspinatus and infraspinatus as well as teres minor and subscapularis tendons. Diagnoses included cervical radiculopathy, lumbar radiculopathy, and possible large right shoulder rotator cuff tear based upon the mild superior subluxation of the humeral head. However, there was no clinical indication of the same. An orthopedic surgeon noted the injured worker failed conservative treatment with anti-inflammatories and physical therapy as well as injections. The treating physician requested authorization for right shoulder arthroscopy. On 1/16/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted abduction strength was 5/5 which would not support a tear or indication for arthroscopic treatment. Therefore the request was non-certified.

### 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): 207-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Diagnostic Arthroscopy, Rotator Cuff Repair

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211.

**Decision rationale:** Per examination of 12/31/2014, range of motion of the right shoulder was flexion 180, extension 50, abduction 180, adduction 50, external rotation 90, internal rotation 90. Strength was 5/5 abduction. There was diminished sensation over bilateral C6 dermatomes. A CT scan of the cervical spine was reported to show C5-C7 disc collapse with stenosis. A CT scan of the right shoulder was performed on December 18, 2014. The diagnosis was 1. Hill-Sachs lesion. 2. Acromioclavicular joint shows mild irregularity and tiny subchondral bone cysts formation along the articular margins. 3. Small subchondral bone cysts/erosions in the head of humerus along the insertion site of supraspinatus tendon 4. Mildly reduced acromial humeral distance. 5. Type II (inferiorly concave) acromion. 6. Mild superior subluxation of humeral head noted. In the body of the report, the radiologist states that the supraspinatus and infraspinatus tendons appeared intact. Rest of the tendons, teres minor and subscapularis also appeared normal. The California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. Based upon the clinical findings as noted above and the findings of the CT scan, there is no evidence of a surgical lesion documented. Furthermore, there is a question of cervical radiculopathy. The strength and range of motion of the shoulder as noted above is normal. If surgery is requested for an impingement syndrome, the necessary conservative treatment for 3-6 months with corticosteroid injections and exercises is not documented. As such, the request for arthroscopy of the shoulder with an unspecified surgical procedure is not supported and the medical necessity of the request is not established.