

<b>Case Number:</b>	CM15-0119521		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: California, Indiana, Oregon  
 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. He reported initial complaints of left shoulder and hand injury. The injured worker was diagnosed as having left shoulder impingement syndrome; crush injury finger; open wound finger complicated; open distal tuft fracture left 3rd and 4th fingers (6/25/12); status post excision of nonunion distal phalanx 3rd/4th fingers with debridement; removal of nail plate 3rd/4th fingers; repair of nail matrix with excision of scar tissue; complex skin closure 3rd/4th fingers left hand with excision of neuroma/neurolysis 3rd/4th fingers (1/22/15). Treatment to date has included physical therapy; status post left hand open reduction internal fixation left index finger (7/3/12); status post left shoulder repair of massive rotator cuff tear with Neer subacromial decompression acromioplasty/resection of undersurface clavicle, biceps tenosynovectomy and repair/debridement degenerative labrum tear/synovectomy/lysis of adhesions/release of contracture/debridement (12/26/13); status post excision of nonunion distal phalanx 3rd/4th fingers with debridement; removal of nail plate 3rd/4th fingers; repair of nail matrix with excision of scar tissue; complex skin closure 3rd/4th fingers left hand with excision of neuroma/neurolysis 3rd/4th fingers (1/22/15); medications. Diagnostics included MRI left shoulder 11/30/14; 1/8/15); x-ray left shoulder (12/15/14; 4/10/15). Currently, the PR-2 notes dated 5/8/15 indicated the injured worker complains of worsening left shoulder pain since last visit. Symptoms include shoulder stiffness, limited range of motion, painful range of motion, clicking and popping sensation, left shoulder is severe, constant, described as sharp, burning and radiates to the left hand/digits. The most recent surgery was the result of his work related injury included: status

post excision of nonunion distal phalanx 3rd/4th fingers with debridement; removal of nail plate 3rd/4th fingers; repair of nail matrix with excision of scar tissue; complex skin closure 3rd/4th fingers left hand with excision of neuroma/neurolysis 3rd/4th fingers on 1/22/15. He has previously has an involved left shoulder surgery that included a left shoulder repair of massive rotator cuff tear with Neer subacromial decompression acromioplasty/resection of undersurface clavicle, biceps tenosynovectomy and repair/ debridement degenerative labrum tear/ synovectomy/lysis of adhesions/release of contracture/debridement on 12/26/13. The physical examination of the left shoulder documents tenderness over the anterior aspect. Positive Hawkin's and weakness noted of the subcapsularis over the biceps tendon. MRI of the left shoulder dated 11/30/14 reveals an impression of post-surgical 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. No detached labral tear was noted. There was a mild acromioclavicular joint arthrosis and mild degenerative changes of the glenohumeral joint with cartilage inhomogeneity. MRI of the left shoulder dated 1/8/15 impression notes status post tendons with tendon repair of the supraspinatus and infraspinatus tendons with an interval increased signal within the supraspinatus and infraspinatus tendons distally compatible with mild partial tearing and tendinosis. No full thickness tears and there is a mild interstitial tear of the subcapsularis tendon, unchanged; degeneration of the superior labrum. Mild chondral thinning in the glenohumeral joint, unchanged. Mild acromioclavicular joint arthrosis, unchanged. An x-ray is notes dated 12/15/14 of the left shoulder impression notes soft tissue swelling with acromioclavicular joint arthritis and then on 4/10/15 documenting an acromioclavicular joint arthritis consistent with rotator cuff impingement. The provider has requested authorization of an open cuff repair surgery of left shoulder with possible claviclectomy, muscle transfer, capsular contracture release and glenohumeral joint arthrotomy; surgical assistant and post-operative physical therapy for the left shoulder 12 sessions.

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

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

**Open cuff repair surgery of left shoulder with possible claviclectomy, muscle transfer, capsular contracture release and glenohumeral joint arthrotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; <http://www.ncbi.nlm.nih.gov/pubmed/16603110>; <http://www.ncbi.nlm.nih.gov/pubmed/16422224>.

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

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. In this

case, the MRI from 1/8/15 does not show a re-tear amenable to repair. Based on this, the request is not medically necessary.

**Associated surgical service: Surgical assistant:** 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), Low Back (updated 04/29/2015) - Online Version.

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

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

**Post- operative physical therapy, 3 times a week for 4 weeks for the left shoulder Qty: 12.00:** Upheld

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

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

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