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| <b>Case Number:</b>   | CM15-0119966 |                              |            |
| <b>Date Assigned:</b> | 06/30/2015   | <b>Date of Injury:</b>       | 08/09/2011 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 06/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/22/2015 |

### 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 64 year-old female who sustained an industrial injury on 08/09/11. She reported left shoulder pain after overuse. Initial diagnoses include left shoulder pain, AC arthropathy, and impingement syndrome. Treatments included pain medication management, shoulder injections, and right shoulder arthroscopy. In a progress note dated 05/15/15, she reports significant daily left shoulder pain that is worse with use; she is barely able to work full duty. She has parascapular tightness and spasm nightly. She cannot tolerate anti-inflammatory medication and has failed shoulder injection treatment. Physical examination was remarkable for tenderness over the biceps tendon subcoracoid region, more than the anterior aspect of the acromion, which is about equal to the AC joint tenderness. She has positive speed and impingement test; positive Hawkins sign. Previous radiographs show a type II acromion. Current impression is left shoulder impingement syndrome and AC arthropathy. Treatment recommendations include left shoulder arthroscopic subacromial decompression, debridement, and Mumford procedure. Date of Utilization Review: 06/03/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthroscopic Debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition Chapter: Shoulder.

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

**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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the arc of motion is not documented as painful. Weak abduction is not documented in the note of 5/15/15. Based on this the request is not medically necessary.

**Mumford Procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Based upon the CA MTUS Shoulder Chapter. Pgs 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for posttraumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case the imaging findings from the exam note 5/15/15 do not demonstrate significant osteoarthritis of the AC joint to warrant distal clavicle resection. Therefore, the request is not medically necessary.

**Arthroscopic Subacromial Decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the arc of motion is not documented as painful. Weak abduction is not documented in the note of 5/15/15. Based on this the request is not medically necessary.