

<b>Case Number:</b>	CM15-0175697		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/23/2005
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Oregon, Washington  
 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 58-year-old female, who sustained an industrial injury on 5-23-2005. The medical records indicate that the injured worker is undergoing treatment for calcific tendinitis of the right shoulder and frozen right shoulder. According to the progress report dated 6-17-2015, the injured worker complains of constant, severe pain in her right shoulder, increased with attempts of reaching and above-shoulder activity. The level of pain is not rated. The physical examination of the right shoulder reveals tenderness in the acromioclavicular joint, subacromial bursa, and in the direction of the rotator cuff. Abduction is to 90 degrees and internal rotation is to 10 degrees. The impingement, Hawkin's, and cross-body adduction tests are positive. The current medications are Norco and Soma. Treatment to date has included medication management, physical therapy, MRI studies, acupuncture, and injections. MRI of the right shoulder from 4-8-2014 shows a large area of calcification at the supraspinatus tendon consistent with tendinitis. There are degenerative changes at the acromioclavicular joint. There is an inferior spur, increasing the risk for impingement. Work status is described as presently not working. The original utilization review (8-20-2015) partially approved a request for arthroscopic surgery to the right shoulder with debridement and subacromial decompression (original request was for arthroscopic surgery to the right shoulder with partial synovectomy, debridement, subacromial decompression, and Mumford procedure bursectomy and repair). The request for pre-operative medical clearance and Keflex 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 Arthroscopic Surgery with Partial Synovectomy, Debridement, Subacromial Decompression, Mumford Procedure Bursectomy and Repair as needed:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Partial Claviclectomy.

**Decision rationale:** According to the CA MTUS/ACOEM Guidelines, 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 that is not present in the submitted clinical information from 6/17/15. 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. 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 exam note from 6/17/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. The exam note from 6/17/15 and the imaging findings from 4/8/14 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the request is not medically necessary.

**Pre-operative medical clearance:** 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.

**Keflex 500mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Bibliography Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1;66(1):119-24.

**Decision rationale:** The CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.