

Case Number:	CM15-0067643		
Date Assigned:	04/15/2015	Date of Injury:	11/05/2001
Decision Date:	05/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/09/2015

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 52-year-old male with an industrial injury date 11/05/11. Injury occurred when he was unloading a truck and he slipped and fell, injuring his right shoulder. He underwent right shoulder subacromial decompression with acromioplasty and Bankart procedure on 10/16/09. Records documented persistent right shoulder pain. The 2/6/15 pain management report cited on-going pain in the right shoulder aggravated by any type of overhead activity. The right shoulder was very painful and radiated into her upper extremity and proximally to the neck. The 10/2/13 right shoulder MR arthrogram revealed sutured anchor fixation of the mid anterior labrum with no evidence of labral tear, status post Mumford procedure with distal clavicle resection, and intact rotator cuff. Corticosteroid injections in the past provided relief. The most recent corticosteroid injection on 8/1/14 provided only one week of relief. Medications, including Anaprox and Norco, provided functional benefit. Physical exam documented 4/5 right shoulder abduction and elbow flexor weakness, and grip strength 20/20/22 pounds right and 22/28/26 pounds left. Right shoulder range of motion testing documented flexion 100, extension 30, abduction 100, adduction 10, and internal/external rotation 45 degrees. There was tenderness along the joint lines. The treatment plan recommended referral to the orthopedic surgeon regarding on-going shoulder pain. Records documented a 3/18/15 orthopedic surgeon report which indicated the injured worker remained symptomatic with right shoulder pain and stiffness, worse with overhead activities. Progress report documented range of motion 0-150 degrees in forward flexion and abduction, and positive Neer's, Hawkin's and O'Brien's tests. Imaging showed prior anchor fixation with no evidence of acute rotator cuff tear, no extensor of the labral

tear or paralabral cyst formation, and evidence of a prior Mumford with distal clavicle resection and acromioplasty. The injured worker had been treated post-operatively with corticosteroid injection, trigger point injections, stretching exercises, physical therapy, and pain medication management. Authorization was requested for diagnostic/operative arthroscopy with debridement, acromioplasty and distal clavicle resection. The 3/30/15 utilization review non-certified the request for right shoulder arthroscopic surgery as there were minimal inflammatory changes on the MRI with stable appearance of the prior subacromial decompression and distal clavicle excision, no indication of acute rotator cuff or bursal inflammation, and no evidence of clinical findings at the acromioclavicular joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of a coracoacromial ligament, bursa and distal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome; Acromioplasty, Partial claviclectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. 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 acromioplasty generally require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. This injured worker presents with persistent right shoulder pain with overhead activity. Clinical exam evidence is consistent with plausible impingement. However, there is no clear imaging evidence of a surgical lesion, including at the level of the AC joint. Records did not provide detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. Therefore, this request is not medically necessary at this time.