

<b>Case Number:</b>	CM13-0070601		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 July 17, 2013 right shoulder MRI documented mild supraspinatus degenerative tendinosis without evidence of a tear, intra-articular long-head biceps tendinosis, mild degenerative signal within the superior labrum, and minimal subscapularis tendinosis. The August 13, 2013 progress report documented evidence of right bicipital tenderness, and some mild impingement signs. A cortisone injection was provided to the right shoulder. The September 30, 2013 progress report cited some right shoulder improvement with therapy and injection. There were no physical exam findings documented relative to the right shoulder. The chief complaint appeared to be persistent right wrist discomfort. The October 21, 2013 progress report noted on-going shoulder difficulties predominantly with overhead work. There were no physical exam findings relative to the right shoulder documented. Transient improvement was noted with cortisone injections. Intra-articular injections were performed to the wrist. The treatment plan recommended arthroscopy with acromioplasty and debridement or repair of structures as needed. The November 15, 2013 progress report noted persistent right shoulder discomfort with evidence of some positive impingement signs. The diagnosis was right shoulder impingement with rotator cuff tendinitis and biceps tendinitis. The primary exam focus was on the right wrist. The possibility of right shoulder surgery was discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY AND ACROMIOPLASTY WITH POSSIBLE BICEPS TENODESIS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery For Impingement Syndrome, Surgery For Ruptured Biceps Tendon At The Shoulder.

**Decision rationale:** Under consideration is a request for right shoulder arthroscopy and acromioplasty with possible biceps tenodesis. The California MTUS guidelines do not provide recommendations for shoulder surgery in chronic conditions. The Official Disability Guidelines for acromioplasty generally require 3 to 6 months of conservative treatment, painful arc of motion 90-130 degrees, nighttime pain, weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and positive imaging evidence of impingement. For biceps tenodesis, ODG indications for surgery include imaging evidence of deficit in rotator cuff and diagnosis of incomplete tear or fraying of the proximal biceps tendon. Guideline criteria have not been met. There is no current objective exam documentation relative to painful arc of motion, nighttime pain, and weak or absent abduction, or tenderness findings. There is no MRI evidence of impingement, rotator cuff deficit, or biceps tear/fraying. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment directed specifically to the right shoulder had been tried and failed. The request for right shoulder arthroscopy and acromioplasty, with possible biceps tenodesis, is not medically necessary or appropriate.