

<b>Case Number:</b>	CM14-0102850		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas and Georgia. 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 injured worker is a 53-year-old male who reported an injury on 11/30/2010. The injured worker reportedly sustained a right shoulder strain while pushing a heavy cart. The current diagnoses include right shoulder partial thickness rotator cuff tear, right AC joint arthritis, left carpal tunnel syndrome, left shoulder synovitis, SLAP lesion of the left shoulder, left rotator cuff tear, left AC joint arthritis, and depression with anxiety. The injured worker was noted to be status post left endoscopic carpal tunnel release and left shoulder surgery. Previous conservative treatment includes anti-inflammatory medication, activity modification, physical therapy, and corticosteroid injections. The injured worker was evaluated on 01/22/2014 with complaints of persistent right shoulder pain with activity limitations. The injured worker was status post cortisone injection with temporary relief of symptoms. The physical examination revealed 150 degrees forward flexion, 130 degrees abduction, 60 degrees external rotation, 30 degrees internal rotation, positive impingement sign, positive O'Brien's sign, positive adduction sign, and painful arc with forward flexion. The treatment recommendations at that time included a diagnostic and operative arthroscopy of the right shoulder with subacromial decompression, rotator cuff repair, and SLAP repair. It was noted that the injured worker underwent an MRI of the right shoulder on 04/13/2013, which indicated an altered signal of the superolateral humeral head suspicious for osseous contusion or reactive changes; a suspicion for a Hill-Sachs related injury; AC joint arthropathy with impression on the supraspinatus tendon; narrowing of the rotator cuff outlet; and a high grade partial thickness articular surface tear of the rotator cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder arthroscopy/subacromial decompression, excision distal clavicle with possible rotator cuff repair, possible slap repair, and possible open biceps tenodesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic ); [http://www.acoempracguides.org/shoulder disorders](http://www.acoempracguides.org/shoulder%20disorders); Table 2 Summary of Recommendations, Shoulder Disorders; and the Clinical Evidence website ([clinicalevidence.com](http://clinicalevidence.com)), Musculoskeletal Disorders, Shoulder Pain

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

**Decision rationale:** The California MTUS ACOEM Practice Guidelines state that a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker's imaging study on 04/13/2013 did indicate AC joint arthropathy, possible Hill-Sachs related injury, and a partial thickness tear of the articular surface of the rotator cuff. However, the biceps tendon appeared to be intact without evidence of subluxation or signal alteration. Additionally, the injured worker did note an improvement in symptoms with a previous corticosteroid injection. There was also no documentation of a significant functional limitation upon physical examination of the right shoulder. Based on the clinical information received, the current request is not medically necessary or appropriate at this time.

**Surgical Assistant:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX: [www.ODG-TWC.com](http://www.ODG-TWC.com):Section: Shoulder(Acute & Chronic ) (Updated 04/25/14) [http://www.acoempracguides.org/shoulder disorders](http://www.acoempracguides.org/shoulder%20disorders); Table 2 Summary of Recommendations, Shoulder Disorders. Clinical Evidence; BMJ Publishing Group, Ltd; London, England; [www.clinicalevidence.com](http://www.clinicalevidence.com);section: Musculoskeletal Disorders; Condition: Shoulder Pain

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

**Post-op Right Shoulder Abduction Sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC, Corpus Christi, Texas; [www.odg-twc.com](http://www.odg-twc.com); Section: Shoulder(Acute & Chronic )[http://www.acoempracguides.org/shoulder disorders](http://www.acoempracguides.org/shoulder%20disorders); Table 2 Summary of Recommendations,

Shoulder Disorders. Clinical Evidence; BMJ Publishing Group, Ltd; London. England; [www.clinicalevidence.com;section: Musculoskeletal Disorders; Condition: Shoulder Pain](http://www.clinicalevidence.com;section: Musculoskeletal Disorders; Condition: Shoulder Pain)  
[Http://www.acoempracguides.org/shoulder disorders; Table 2 Summary of Recommendations, Shoulder Disorders.](http://www.acoempracguides.org/shoulder disorders; Table 2 Summary of Recommendations, Shoulder Disorders)

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

#### **Post-op Ice Machine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation [Http://www.acoempracguides.org/shoulder disorders; Table 2 Summary of Recommendations, Shoulder Disorders. Clinical Evidence; BMJ Publishing Group, Ltd; London. England; www.clinicalevidence.com;section: Musculoskeletal Disorders; Condition: Shoulder Pain Official Disability Guidelines; Work Loss Data Institute, LLC, Corpus Christi, Texas; www.odg-twc.com; Section: Shoulder\(Acute & Chronic \)](http://www.acoempracguides.org/shoulder disorders; Table 2 Summary of Recommendations, Shoulder Disorders. Clinical Evidence; BMJ Publishing Group, Ltd; London. England; www.clinicalevidence.com;section: Musculoskeletal Disorders; Condition: Shoulder Pain Official Disability Guidelines; Work Loss Data Institute, LLC, Corpus Christi, Texas; www.odg-twc.com; Section: Shoulder(Acute & Chronic ))

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

#### **Post-op Right Shoulder Physical Therapy x 12 visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC, Corpus Christi, Texas; [www.odg-twc.com; Section: Shoulder\(Acute & Chronic \)](http://www.odg-twc.com; Section: Shoulder(Acute & Chronic ))  
[Http://www.acoempracguides.org/shoulder disorders; Table 2 Summary of Recommendations, Shoulder Disorders. Clinical Evidence; BMJ Publishing Group, Ltd; London. England; www.clinicalevidence.com;section: Musculoskeletal Disorders; Condition: Shoulder Pain](http://www.acoempracguides.org/shoulder disorders; Table 2 Summary of Recommendations, Shoulder Disorders. Clinical Evidence; BMJ Publishing Group, Ltd; London. England; www.clinicalevidence.com;section: Musculoskeletal Disorders; Condition: Shoulder Pain)

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

#### **Medical Clearance Office Visit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC, Corpus Christi, Texas; [www.odg-twc.com; Section: Shoulder\(Acute & Chronic \)](http://www.odg-twc.com; Section: Shoulder(Acute & Chronic ))  
<http://www.acoempracguides.org/shoulder disorders; Table 2 Summary of Recommendations, Shoulder Disorders. Clinical Evidence; BMJ Publishing Group, Ltd; London. England; www.clinicalevidence.com;section: Musculoskeletal Disorders; Condition: Shoulder Pain>

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.