

<b>Case Number:</b>	CM14-0141848		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 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:

According to the records made available for review, this is a 46-year-old male with a 6/18/13 date of injury, and status post right shoulder arthroscopy subacromial decompression, mini open biceps tenodesis, and rotator cuff repair 2/26/14. At the time (8/18/14) of request for authorization for Right shoulder arthroscopy and decompression, there is documentation of subjective (discomfort and pain in right shoulder, difficulty with overhead activities, wakes up multiple times at night secondary to pain, and fingers have developed some pain after surgery) and objective (right shoulder range of motion: abduction 160, forward flexion 160, extension 20, internal rotation 90, external rotation 90, and adduction 50 degrees with pain toward terminal range of motion, positive Hawkins, 5/5 motor exam of bilateral deltoid, biceps, triceps, wrist extension/flexion, and finger abduction/adduction) findings, imaging findings (MRI Right Shoulder (6/2/14) report revealed possible intrasubstance tear in the infraspinatus tendon versus tendinopathy without evidence of retraction, mild to moderate bursitis and mildly increased fluid filled separation of the acromioclavicular joint, long head of the biceps tendon appears somewhat irregular and its proximal attachment is not well visualized, suspect postoperative changes with the metadiaphysis of the humerus), current diagnoses (right shoulder impingement and right shoulder tendinitis), and treatment to date (cortisone injection (prior to 2/26/14 surgery), surgery, physical therapy (including post-operative physical therapy), and anti-inflammatory medications). There is no documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, cortisone injections, additional subjective (pain with active arc motion 90 to 130 degrees) findings, objective findings (weak or absent abduction; atrophy and tenderness over rotator cuff or anterior acromial area and temporary relief of pain with anesthetic injection), and imaging findings (conventional x-rays, ap, and true lateral or axillary view).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy and decompression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Indications for Surgery - Acromioplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page(s) 209-211; Official Disability Guidelines (ODG) Shoulder Chapter, Subacromial Decompression and Manipulation Under Anesthesia

**Decision rationale:** MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, ap, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement and right shoulder tendinitis. In addition, there is documentation of conservative care (anti-inflammatory medications and physical therapy), subjective findings (pain at night), objective findings (positive impingement sign), and imaging findings (Right shoulder MRI identifying possible intrasubstance tear in the infraspinatus tendon versus tendinopathy without evidence of retraction, mild to moderate bursitis and mildly increased fluid filled separation of the acromioclavicular joint, long head of the biceps tendon appears somewhat irregular and its proximal attachment is not well visualized, suspect postoperative changes with the metadiaphysis of the humerus). However, there is no documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs. In addition, despite documentation of cortisone injections prior to the 2/26/14 right shoulder arthroscopy subacromial decompression, mini open biceps tenodesis, and rotator cuff repair, there is no documentation of cortisone injections in the past three months. Furthermore, there is no documentation of additional subjective (pain with active arc motion 90 to 130 degrees) findings, objective findings (weak or absent abduction; atrophy and tenderness over rotator cuff or anterior acromial area and temporary relief of pain with anesthetic injection), and imaging findings (conventional x-rays, ap, and true lateral or axillary view). Therefore, based on guidelines and a review of the evidence, the request for Right shoulder arthroscopy and decompression is not medically necessary.

