

<b>Case Number:</b>	CM14-0151941		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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:

This 58-year-old female retired police officer sustained an industrial injury on 9/10/09. Injury occurred during a defensive tactics training exercise. Injury was reported to the neck and right shoulder/upper arm. Past medical history was positive for thyroid disease. Past surgical history was negative. The 4/3/14 cervical spine MRI documented multilevel spondylosis compounded by facet arthrosis resulting in moderate canal stenosis with mild multilevel cord compression and spinal stenosis. Spondylosis was marked at C4/5. There was mild spinal cord compression due to disc bulge/protrusions at C3/4, C4/5, and C5/6. The 4/3/14 right shoulder MRI conclusion documented mild to moderate supraspinatus and infraspinatus tendinosis with mild subscapularis tendinopathy. The rotator cuff tendons were reported intact. There was mild narrowing of the acromiohumeral space with mild to moderate subacromial/subdeltoid bursal inflammation. There was mild intra-articular biceps tendinosis and mild to moderate acromioclavicular joint arthrosis. There was marked bilateral foraminal stenosis at C4/5, right C3/4 and left C5/6. There was marked facet arthrosis on the left from C2 through C5, and right from C3 through C5. The patient was provided a subacromial corticosteroid injection on 4/21/14 and physical therapy was recommended for a diagnosis of right non-surgical coracoacromial impingement. Records indicated that the patient did not follow through with physical therapy. The 8/18/14 treating physician report cited a subacromial injection in April that provided relief for 2 to 3 months, but her symptoms had returned. She reported lateral arm pain, worse with overhead and rotational movements. There were some posterior periscapular pain and mild paresthetic complaints. Physical exam documented negative Spurling's test. Right shoulder active range of motion was reported as 155/60/80/T12 which was symmetric to the left shoulder. Neer's, Hawkin's, modified Hawkin's, and drop arm tests were positive. Acromioclavicular joint was slightly tender. There was no biceps deformity. Rotator cuff strength was normal. Deltoid, biceps, triceps, and all

peripheral motor and sensory were intact. There was mild paresthesia reported in the hand. Given her response to the shoulder injection, it was felt most of her symptoms were likely related to that site. The treatment plan recommended right shoulder arthroscopy, subacromial decompression, distal clavicle resection, and treatment of long head biceps pathology. The 8/27/14 utilization review denied the request for right shoulder surgery based on an absence of documented comprehensive conservative treatment.

### **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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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

**Decision rationale:** The California 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 provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. There is no current documentation of painful range of motion, weakness, or night time pain. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

#### **Right Shoulder Arthroscopy, Distal clavicular resection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**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, Partial claviclectomy

**Decision rationale:** The California 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 criteria for partial claviclectomy include 6 weeks of directed conservative treatment, subjective and objective clinical findings of

acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. There is slight AC joint tenderness documented on current exam. There is mild to moderate AC joint arthrosis on imaging. Subjective complaints included lateral arm and periscapular pain. Guideline criteria have not been met. There is no current documentation of painful range of motion, weakness, or night time pain. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

**Right Shoulder Arthroscopy, possible tenodesis of long head of biceps:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**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, Biceps tenodesis

**Decision rationale:** The California 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 criteria for biceps tenodesis include 3 months of conservative treatment (anti-inflammatories, physical therapy), clinical and imaging evidence of a SLAP lesion, or concomitant rotator cuff repair. Guideline criteria have not been met. There is no imaging evidence of a SLAP tear. Evidence of 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.