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| <b>Case Number:</b>   | CM14-0132171 |                              |            |
| <b>Date Assigned:</b> | 08/22/2014   | <b>Date of Injury:</b>       | 01/22/2009 |
| <b>Decision Date:</b> | 12/24/2014   | <b>UR Denial Date:</b>       | 07/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2014 |

### 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, has a subspecialty in Spinal Surgery and is licensed to practice in New York. 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 patient is a 63-year-old with a date of injury of January 22, 2009. The patient has chronic shoulder pain. The patient has had physical therapy. The medical records document that the PT was performed only sporadically over a period of 3 years with only 3 series of therapies. The patient continues to have pain. MRI the right shoulder from 2011 shows biceps tendinitis and ac joint arthritis. There is no evidence of rotator cuff rupture. On physical examination the patient has a positive cross body test. There is positive O'Brien's test. The patient had pain in bilateral shoulders right greater than left. At issue is whether shoulder surgeries medically necessary at this time.

### 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, Distal Clavicle Resection And Rotator Cuff Debridement:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

**Decision rationale:** This patient does not meet MTUS criteria for rotator cuff surgery. The patient does not meet MTUS criteria for shoulder surgery. Specifically the medical records do not document a recent trial and failure of adequate physical therapy. The patient's chronic shoulder symptoms. The medical records do not document that the patient has had any recent physical therapy for shoulder pain. In addition there are no red flag indicators for rotator cuff shoulder surgery at this time such as complete rotator cuff tear documented on imaging studies. More conservative measures are medically necessary. The request is not medically necessary.

**Pre-operative testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Cold therapy unit 14 day rental (██████████):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Immobilizer sling with abduction pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Initial post-operative physical therapy x 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.