

<b>Case Number:</b>	CM14-0145884		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 52 year old female whose date of injury is 01/04/14. He is noted to have injured the left shoulder secondary to lifting/throwing cheese blocks. MRI dated 02/24/14 reported focal hypertrophic or degenerative changes of the left AC joint with narrowing of the left acromiohumeral space that may contribute to impingement; partial thickness tendon tear of the supraspinatus with mild tendinosis; probable calcific tendonitis of the left shoulder; minimal effusion. Plain radiographs revealed mild arthritic changes of the shoulder with more moderate changes in the subacromial space. Physical examinations dated 06/24/14 and again on 08/13/14 revealed range of motion with active flexion 130 degrees; external rotation to about 40 degrees; internal rotation to mid to low lumbar level; AC joint is mildly tender; positive impingement test; rotator cuff strength 4/5; symmetric neck range of motion. The injured worker is noted to have failed conservative care including physical therapy, medications and cortisone injection on 06/24/14. Physical therapy progress report dated 07/15/14 indicated that the injured worker has about 40% better mobility since cortisone injection. The injured worker is noted to be taking Motrin 600mg and occasionally Norco at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Possible left shoulder labral repair, rotator cuff repair, subacromial decompression, possible distal clavicle excision and debridement.:** Overturned

**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 rationale:** ACOEM provides that surgical consultation is indicated for patients with activity limitation for more than 4 months with existence of surgical lesion, failure to increase range of motion and strength after exercise program, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The injured worker in this case has had an appropriate course of conservative care including physical therapy, activity modification and cortisone injections. She has failed to improve significantly. She has positive impingement signs as well as rotator cuff weakness on clinical examination which is consistent with MRI findings of impingement and partial rotator cuff tear. As such, surgical intervention with possible left shoulder labral repair, rotator cuff repair, subacromial decompression, possible distal clavicle excision and debridement is recommended as medically necessary.