

<b>Case Number:</b>	CM14-0172774		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 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 60-year-old male who reported an injury on 04/26/2013. The mechanism of injury was not stated. The current diagnosis is rotator cuff tear. The injured worker was evaluated on 09/03/2014 with complaints of persistent right shoulder pain. The injured worker was status post cortisone injection without relief. Physical examination revealed 150 degree forward elevation, normal internal and external rotation, intact sensation, and 4/5 strength. Treatment recommendations included a right shoulder arthroscopic rotator cuff repair. The injured worker underwent an MRI of the right shoulder on 07/25/2014, which indicated a partial tear of the infraspinatus tendon. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with rotator cuff repair revision with possible implantable anchors, subacromial decompression, and distal clavicle resection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Rotator Cuff Repair

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker has been previously treated with a cortisone injection. However, there is no documentation of an exhaustion of conservative treatment to include exercise/physical therapy. The injured worker's physical examination does not reveal a significant functional limitation. Based on the clinical information received, the request is not medically appropriate at this time.

**Pre-operative medical clearance and 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:** As the injured worker's surgical procedure is not medically necessary, the associated service is also not medically necessary.

**Post-operative physical therapy, twice a week for six weeks:** 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:** As the injured worker's surgical procedure is not medically necessary, the associated service is also not medically necessary.