

<b>Case Number:</b>	CM13-0013826		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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:

The patient is a 32-year-old gentleman who was injured in a work-related accident on November 29, 2012. The clinical records for review include a January 9, 2014, progress report, documenting that the patient underwent a right shoulder arthroscopy with debridement and subacromial decompression performed on October 4, 2013. The preoperative diagnosis was rotator cuff tear. Formal documentation of preoperative MRI scan was not available for review; however, the treating surgeon referenced that the MRI results demonstrated a signal change of the distal supraspinatus suggestive of partial thickness rotator cuff tearing. Preoperative treatment included six sessions of physical therapy. This is a retrospective request for right shoulder arthroscopy with rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DME PURCHASE OF A COLD THERAPY UNIT FOR THE RIGHT SHOULDER POST-OPERATIVE: 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): 212.

**Decision rationale:** The California ACOEM Guidelines do not support the role of a rotator cuff repair surgery for this patient. Clinical records provided for review document that a preoperative MRI demonstrated a signal change to the distal supraspinatus with no indication of full thickness rotator cuff pathology. The actual report was not provided. ACOEM Guidelines recommend for partial thickness tears three to six months of conservative care, including injection therapy prior to surgical intervention. The records do not document the use of injection therapy as part of the patient's conservative care. Absent that conservative care, the acute need for a shoulder arthroscopy with rotator cuff repair would not have been medically necessary.

**RIGHT SHOULDER ARTHROSCOPY ROTATOR CUFF REPAIR:** 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): 212.

**Decision rationale:** The California ACOEM Guidelines do not support the role of a rotator cuff repair surgery for this patient. Clinical records provided for review document that a preoperative MRI demonstrated a signal change to the distal supraspinatus with no indication of full thickness rotator cuff pathology. The actual report was not provided. ACOEM Guidelines recommend for partial thickness tears three to six months of conservative care, including injection therapy prior to surgical intervention. The records do not document the use of injection therapy as part of the patient's conservative care. Absent that conservative care, the acute need for a shoulder arthroscopy with rotator cuff repair would not have been medically necessary.

**INITIAL 16-24 POST-OPERATIVE PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for right shoulder arthroscopy and rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for initial 16-24 physical therapy sessions is not necessary.