

<b>Case Number:</b>	CM13-0022833		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Minnesota. 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 45 year old male who injured his right shoulder on 02/14/2013 while lifting a 4x8 sheet of plywood at a grave site. The wind caught the plywood, twisting his shoulder. He sustained an acute rotator cuff tear of the shoulder confirmed by MRI obtained on 04/04/2013. A full thickness tear of the distal supraspinatus tendon with a 6 mm gap was noted. There was no muscle atrophy. Adjacent subcortical cysts were noted in the anterior aspect of the greater tuberosity. An Orthopedic consultation was obtained on 06/05/2013. Examination findings correlated with the MRI findings with a painful arc of motion and weakness. The assessment was "full thickness rotator cuff tear." On 8/14/2013 the examination was unchanged. Surgery was recommended. On 10/25/2013 the worker underwent surgery including arthroscopy of the right shoulder, synovectomy, bursectomy, and rotator cuff repair. Post-operatively he attended physical therapy and progressive improvement was documented. He was released to return to work in April 2014. The disputed issue is the requested surgical procedure which is not specified but requested as " Right shoulder arthroscopic surgery in addition to medically necessary diagnostic test, prescribed medications, assistive DME, and/or supplies as well as any injections deemed medically necessary by the doctor. The CPT codes requested pertain to special report forms and office consultations. No specific CPT codes pertained to the shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPIC SURGERY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Arthroscopy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Arthroscopy

**Decision rationale:** The requested procedure does not specify the type of surgery other than shoulder arthroscopic surgery. If this pertains to diagnostic arthroscopy the guidelines do not support such a procedure when the diagnosis is clear. MTUS surgical considerations apply when there is clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term from surgical repair. The rotator cuff tear is clearly such a lesion and the diagnosis was supported clinically as well as on the MRI scan but the repair was not requested. ODG guidelines indicate diagnostic arthroscopy should be limited to cases where imaging is inconclusive. Because the request does not specify the type of surgery it is not medically necessary per guidelines.