

<b>Case Number:</b>	CM13-0023296		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This is a 75-year-old female who sustained an injury on 7/8/13 when her foot was stuck on a floor board causing her to fall resulting in acute injury to the right shoulder. The clinical records reviewed include an MRI report of the right shoulder dated 7/25/13 showing a high-grade acute tear to the subscapularis muscle at the myotendinous junction with moderate tendinopathy of the supraspinatus, no fracture, and mild tendinopathy of the long head of the biceps. Recent clinical record dated 8/22/13 from [REDACTED] reviewed the claimant's imaging and showed physical examination with restricted shoulder motion, pain with O'Brien's testing, a positive belly press test, and no instability. He diagnosed her with an acute right shoulder rotator cuff tear and recommended surgical intervention in the form of right shoulder arthroscopy and surgical repair to the rotator cuff. Her chief complaint at that date was that of weakness that did not respond over the course of formal physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right shoulder arthroscopy with debridement, decompression, and rotator cuff repair:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Rotator Cuff Repair.

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

**Decision rationale:** Based on California MTUS ACOEM Guidelines, surgical arthroscopy and rotator cuff repair would appear warranted. Guidelines state that "Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation..." In this case the claimant is with acute full thickness rotator cuff tearing confirmed by imaging with functional deficit on examination. The role of surgical intervention for prompt treatment of this acute rotator cuff tear would appear to be medically necessary based on clinical records for review.