

<b>Case Number:</b>	CM13-0024453		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Orthopedic Surgery and is licensed to practice in Michigan, Nebraska, and 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 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:

The patient is a 54-year-old injured worker who reported an injury on 11/15/2012. The patient is diagnosed with a large rotator cuff tear and status post proximal humerus fracture. The patient was seen by [REDACTED] on 07/25/2013. Physical examination revealed a well-healed deltopectoral incision, atrophy of the anterior deltoid, 70 degree elevation, 30 degree external rotation, diminished strength, and intact sensation. Treatment recommendations included an arthroscopic evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder decompression, debridement, possible labral repair and possible open hardware removal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity

limitation for more than 4 months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. As per the clinical notes submitted, the patient underwent a left shoulder arthrogram on 05/15/2013, which indicated a full thickness tear of the supraspinatus tendon with a type II SLAP tear and a tear of the anteroinferior labrum. The patient's physical examination does reveal limited range of motion and diminished strength. While the patient does currently meet criteria for surgical intervention for the left shoulder, the current request cannot be determined as medically appropriate, as the request is for a right shoulder surgery. The request for right shoulder decompression, debridement, possible labral repair and possible open hardware removal is not medically necessary and appropriate.

**surgical assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians at Surgery: 2011 Study

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary