

<b>Case Number:</b>	CM13-0029100		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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:

This 42-year-old male [REDACTED] delivery driver sustained a right shoulder injury on 2/5/13 while handling a package. The 2/6/13 right shoulder x-ray documented mild degenerative AC joint arthritis. The 4/10/13 right shoulder MRI evidenced a partial thickness articular surface tear at the anterior insertion of the supraspinatus tendon, mild to moderate subscapularis tendinosis, and moderate to severe changes of the right acromioclavicular joint. The 5/2/13 initial orthopedic consult report documented prior medication management and home exercise for this injury. Slight to moderate right shoulder pain was reported localized at the shoulder joint. Exam findings documented full right shoulder range of motion and normal strength with pain and global shoulder tenderness. The orthopedist recommended an arthroscopic right shoulder evaluation given the failure of medications and exercise. Treating physician reports from 6/6/13 to 8/22/13 do not document any change in clinical presentation or evidence of additional conservative treatment. The 12/5/13 treating physician report stated that there was no change in the patient's condition with a flare-up reported the prior week. Tenderness was documented over the anterior joint line and bicipital groove. Decreased tenderness was noted over the subacromial space with no tenderness reported over the posterior joint line or AC joint. Normal right shoulder range of motion and strength were documented with pain. Speed's and Yergason's tests were positive. The orthopedist cited a failure of conservative management including medications and an active exercise program. The patient refused a steroid injection and wished to proceed with surgery. The treatment plan documented a recommendation for arthroscopic evaluation and treatment for possible debridement versus repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SURGICAL SHOULDER ARTHROSCOPY WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for rotator cuff repair and impingement syndrome.

**Decision rationale:** The Official Disability Guidelines recommend surgery for impingement or rotator cuff repairs for patients who fail three to six (3 to 6) months of conservative treatment and have pain with active arc of motion 90-130 degrees, pain at night, weakness or absent abduction or atrophy, rotator cuff tenderness, positive impingement sign with diagnostic injection test, and positive MRI evidence of rotator cuff deficit or impingement. There is MRI evidence of a right shoulder partial thickness rotator cuff tear; however guideline criteria have not been met for surgical treatment. The patient presents with full range of motion, normal strength, and no evidence of a positive impingement or diagnostic injection test. Conservative treatment has been limited to medications and home exercise. There is no indication that this patient has received physical therapy instruction, formal treatments or supervised exercise. The patient has refused a cortisone injection. There is no documentation of a loose body in the right shoulder on x-ray or MRI. Therefore, this request is not medically necessary.