

<b>Case Number:</b>	CM13-0031424		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Orthopedica 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 is a 55-year-old gentleman who was injured in a work related motor vehicle accident on June 7, 2012. Clinical records available for review include a January 21, 2014, report documenting continued complaints of pain of the left knee and bilateral shoulders. The notes document limited range of motion in the right shoulder with pain at endpoints but no weakness. The claimant was diagnosed with a rotator cuff tear. An MRI report dated November 28, 2012, describes rotator cuff tearing to the supraspinatus and infraspinatus tendon and possibly the subscapularis with hypertrophy of the acromioclavicular joint. Notes from a May 3, 2013, office visit noted the patient reported significant right shoulder complaints and limited function. This request is for a right shoulder arthroscopy, subacromial decompression, distal clavicle resection and rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION, DISTAL CLAVICLE RESECTION, ROTATOR CUFF REPAIR:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18<sup>th</sup> Edition, 2013 Updates: Shoulder Procedure - Partial claviclectomy (Mumford procedure).

**Decision rationale:** According to ACOEM Guidelines, the request for shoulder arthroscopy with subacromial decompression, clavicle resection and rotator cuff repair would be supported. This claimant was noted to have full thickness rotator cuff tearing to both the supraspinatus and infraspinatus tendon on a 2012 MRI scan. He sustained injuries to other body parts requiring treatment. At present, he remains symptomatic in the shoulder. Given the MRI findings, the request for the aforementioned procedures would be supported as medically necessary.

**ASSISTANT SURGEON: [REDACTED] OR [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, Assistant Surgeon Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, 17th Edition, Assistant Surgeon Guidelines.

**Decision rationale:** The CA ACOEM Guidelines do not address the medical necessity for the use of an assistant surgeon. The Milliman Care Guidelines support that the use of a surgical assistance for rotator cuff repair in the arthroscopic setting would not be supported. The need of an assistant surgeon in this surgical process would not be indicated. Therefore, based on guidelines and a review of the evidence, the request for Assistant Surgeon is not medically necessary.

**POST OPERATIVE SHOULDER SLING PROVIDED BY [REDACTED]:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** California ACOEM Guidelines recommend the use of a sling for treatment of acute rotator cuff tears. A sling would be supported in this case given the documentation of large rotator cuff tear on MRI. The request for Post Operative therapy is medically necessary.

**POST OPERATIVE PHYSICAL THERAPY QTY 12 (2X6):** Overturned

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

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

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines would support the role of 12 sessions of physical therapy. This individual is to undergo rotator cuff repair

procedure. As requested, the initial course of 12 sessions of physical therapy would be supported as medically necessary.