

<b>Case Number:</b>	CM13-0036835		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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:

The patient is a 49-year-old female who was injured in a work-related accident on 5/8/09. Clinical records indicate an injury to the left shoulder. An 8/28/13 assessment with [REDACTED] indicated a diagnosis of status post cervical fusion C4-C6 with bilateral carpal tunnel syndrome, left shoulder impingement with acromioclavicular arthrosis, and partial rotator cuff tearing. A CT arthrogram of the left shoulder from 03/26/13 showed moderate changes at the acromioclavicular joint with a partial intrasubstance tear at the supraspinatus attachment; there was no evidence of full thickness pathology. It was stated that the claimant had continued complaints of shoulder pain. Physical examination showed tenderness diffusely with marked weakness with flexion, abduction, and external rotation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for left shoulder arthroscopy, intra-articular surgery, and subacromial decompression with rotator cuff repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The clinical records for review fail to demonstrate full thickness rotator cuff tearing for which operative intervention at this stage in the claimant's chronic course would be indicated. Based on this specific request, which would include a rotator cuff repair, the role of operative procedure cannot be established. Guidelines indicate that rotator cuff repairs are indicated for significant tearing that cause weakness with arm elevation and rotation. Therefore, the request is non-certified.