

<b>Case Number:</b>	CM13-0040897		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/18/2008
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida and Maryland. 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 59-year-old female who sustained an injury on 07/18/2008 when she was accidentally pushed aside by another employee causing her to brace herself on a machine to avoid falling. The patient is diagnosed with right shoulder rotator cuff tear, superior labral tear from anterior to posterior tear and pain in the joint involving the shoulder region. A request is made for right shoulder arthroscopy with repairs and possible biceps tenodesis, arm sling, assistant surgeon and T2 post-operative physical therapy -visits. The patient had arthroscopic surgery to the right shoulder, debridement of glenohumeral joint, superior labral detachment lesion repair using push-lock anchors including glenoid lab repair, arthroscopic subacromial decompression and resection of the subacromial bursa, arthroscopic resection of coracoacromial ligament, anterior acromioplasty, arthroscopic total lateral clavicle resection, and mini open repair of chronic tear of the rotator cuff on 10/23/2008. Post-operatively, the patient has had physical therapy. MRI of the right shoulder dated 5/1/09 by [REDACTED] revealed no gross re-tear following rotator cuff repair. The relatively extensive metallic artifact does obscure soft tissues in the area of the repair to some degree. The medical report dated 10/08/2013 indicates that the patient complains of both pain and weakness in the shoulder. The patient had extensive surgery on her right shoulder including superior labral tear from anterior to posterior (SLAP) repair and including and rotator cuff repair. It was noted that despite the surgery and the postoperative therapy she has failed to improve. The patient reports muscle pain and weakness. Her medications are Norco, NovoLog, Metformin, Aspirin, Gemfibrozil, Enalapril and Tramadol. On examination, the right shoulder range of motion is about 80% of normal. There is tenderness over the biceps tendon. The relocation and the apprehension tests are positive. The rotator cuff strength is at 4/5 and the pain is reproduced when this is tested.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right shoulder arthroscopy with repairs and possible biceps tenodesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation 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 Acute / Chronic, Diagnostic Arthroscopy

**Decision rationale:** The patient had extensive surgery on her right shoulder including superior lateral tear from anterior to posterior (SLAP) repair and including and rotator cuff repair. It was noted that despite the surgery and the postoperative therapy she has failed to improve. The patient has failed previous surgical management for her shoulder and all postoperative management. There is no justification documented or provided to certify the right shoulder arthroscopy and repair. Hence it is not medically necessary. Also, failure of recent conservative care with physical therapy and injections to the right shoulder was not documented. As such, the medical necessity of this request for 1 right shoulder arthroscopy with repairs and possible biceps tenodesis has not been substantiated and therefore not medically necessary.