

<b>Case Number:</b>	CM13-0043204		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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:

The claimant is a 45-year-old male who was injured in a work related accident on April 29, 2013. Clinical records for review include documentation of a MRI of the right shoulder from May 20, 2013 showing full thickness tearing to the biceps tendon occurring at the interarticular portion with retraction. There is a high grade partial thickness tear of the rotator cuff most pronounced at the supraspinatus with AC joint arthritic change and a tear to the superior labrum. Previous assessment of August 23, 2013 indicated ongoing complaints of pain about the right shoulder. Reviewed at that time was the claimant's clinical imaging including the MRI scan cited above. Physical examination showed restricted range motion at end points of forward flexion, abduction and extension. There was noted to be severe tenderness over the supraspinatus with positive noted rupture of the long head of the biceps, positive crepitation and impingement. There was tenderness noted over the AC joint and with cross body movements. Based on the claimant's continued complaints of pain and failed conservative care, surgical intervention was recommended to include a shoulder arthroscopy, decompression, distal clavicle resection, rotator cuff debridement versus repair and debridement of the biceps tendon.

### 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 EXCISION, ROTATOR CUFF DEBRIDEMENT OR REPAIR AS NEEDED, BICEPS TENDON STUMP DEBRIDEMENT:** Upheld

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

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

**Decision rationale:** The ACOEM Guidelines state, "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery." The medical records provided for review do not indicate three to six months of conservative measures including injection therapy for this claimant that is noted to be with partial thickness tearing to the rotator cuff. Furthermore, the clinical records would not indicate the need for bicipital process given the claimant's already documented full thickness tearing with retraction. The specific request for surgical process to include decompression, clavicle excision, rotator cuff debridement and repair and bicipital procedure given the claimant's imaging and lack of documented conservative measures is not medically necessary and appropriate.

**PRE OP MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**POST OP PT X 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**CPM X45 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**COLD THERAPY UNIT X 90 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**SURGI STIM UNIT X 90 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**LARGE ABDUCTION PILLOW PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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