

<b>Case Number:</b>	CM13-0044005		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Orthopedics 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:

Patient is a 61-year-old male with an industrial injury on 6/11/13. MRI on 6/27/13 demonstrates small non-retracted tear of the supraspinatus tendon. Exam notes from 8/15/13 demonstrate complaint of pain, weakness, and loss of movement to the left shoulder. There was weakness to external rotation and abduction of the shoulder. Left shoulder exam showed that the acromioclavicular joint was prominent and minimally tender. There was tenderness over the anterolateral rotator cuff to direct pressure. The passive forward flexion was 160. The internal rotation was about 20 degrees. The patient was diagnosed with left shoulder rotator cuff tear. Exam notes from 10/10/13 demonstrates no acromioclavicular joint tenderness. Passive forward flexion is noted to be 160 degrees. Abduction is noted to be at 90 degrees on external rotation. Pain with resisted abduction and/or external rotation with a sensation of weakness. Request is for a left shoulder rotator cuff repair with subacromial decompression and joint debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A LEFT SHOULDER ROTATOR CUFF REPAIR WITH SUBACROMIAL DECOMPRESSION AND JOINT DEBRIDEMENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 560-561.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Shoulder, Surgery for Rotator cuff repair.

**Decision rationale:** Per the CA MTUS/ACOEM and ODG criteria, surgery for rotator cuff repair is indicated after conservative care has been performed for 3-6 months. In this case there is lack of documentation that this criteria has been satisfied. Therefore determination is for non-certification.

**A BICEPS TENOTOMY VS TENODESIS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER SECTION SURGERY FOR RUPTURED BICEPS TENDON. OTHER MEDICAL TREATMENT GUIDELINES OR MEDICAL EVIDENCE.

**Decision rationale:** In this case there is insufficient evidence of biceps tendon tear on MRI from 6/27/13 or failure of conservative management to satisfy the ODG criteria. Therefore determination is for non-certification.