

<b>Case Number:</b>	CM13-0052255		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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, has a subspecialty in Joint Reconstruction 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 71-year-old gentleman who sustained a right shoulder injury on June 29, 2006. A clinical assessment dated Sept. 24, 2013, documented ongoing complaints of right shoulder pain with improvement noted following a corticosteroid injection. An October 29, 2013, progress note documented increased complaints of shoulder pain; impingement, Neer, Hawkin's and empty can testing were positive. Range of motion was restricted to 70 degrees of forward flexion actively and 70 degrees of abduction. A positive arm drop test and four-fifths strength with abduction and restriction were noted. The patient was status post two surgical procedures with evidence of repeat rotator cuff tearing; rotator cuff revision was recommended. A July 2010 CT arthrogram report indicated a tear at the rotator cuff interval and acromioclavicular joint arthrosis. This request is for surgical intervention to include a rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT ARTHROSCOPY RIGHT SHOULDER FOR ROTATOR CUFF REPAIR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-220, 209. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC 2013 Shoulder, Surgery for rotator cuff repair.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT IN WORKER'S COMP (ODG-TWC), 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE -SURGERY FOR ROTATOR CUFF REPAIR.

**Decision rationale:** California ACOEM guidelines do not address revision rotator cuff repair. Official Disability Guidelines recommend revision rotator cuff surgical process in cases in which the claimant has had only one prior surgical procedure. In this case, the records document two prior shoulder surgeries. The records reviewed do not document imaging studies with acute clinical pathology after 2010. Given the claimant's history of multiple surgeries, a third rotator cuff repair surgery would not be supported as medically necessary. Therefore, the request for outpatient right shoulder arthroscopy for rotator cuff repair is not medically necessary and appropriate.