

<b>Case Number:</b>	CM13-0053481		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/10/2007
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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:

This 44-year-old claimant has a date of injury of 5/10/07 and has been treated for left shoulder pain. Office notes from [REDACTED] dated 6/21/13 through 10/17/13 document findings of impingement signs with good range of motion and acceptable strength of the left shoulder. [REDACTED] documented that an MRI was performed on 1/28/13 which documented subacromial bursitis and minimal supraspinatus tendinosis. A downward sloping acromion was noted. There were notes provided documenting that this claimant underwent therapy, a left shoulder injection, performed a home exercise program, and was treated with pain medications. The claimant was noted to be status post previous cervical spine surgery. The 10/24/13 office note by [REDACTED] documented that claimant had left shoulder complaints and examination demonstrated decreased motor strength with tenderness overlying the acromioclavicular joint. Impingement signs were not documented in this note. A request was placed for subacromial decompression with rotator cuff debridement versus repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subacromial decompression rotator cuff debridement vs repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209, 211.

**Decision rationale:** Left shoulder subacromial decompression with rotator cuff debridement versus repair would not be considered medically necessary and appropriate based on the records provided in this case and the MTUS ACOEM Guidelines. MTUS ACOEM Guidelines support subacromial decompression for impingement if patients fail at least 3-6 months of conservative care including a corticosteroid injection. ACOEM Guidelines state that before shoulder surgery there should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. In this case, the claimant has undergone previous cervical spine surgery. There are issues related to chronic pain. There is minimal documentation in the way of positive objective findings related to left shoulder impingement syndrome provided in the 10/20/13 office note. The MRI report was noted to demonstrate minimal in the way of supraspinatus tendinosis. The MRI did not demonstrate any evidence of any rotator cuff tearing. It would be appropriate to debride a partial tear or repair a full thickness tear if one were present. The office notes provided document that the shoulder joint and not the subacromial space was injected. Absent a positive response from a subacromial injection, positive findings of impingement syndrome on physical examination, and correlation with positive findings on MRI, left shoulder subacromial decompression with rotator cuff debridement v. repair cannot be certified in this case based upon the MTUS ACOEM Guidelines.