

<b>Case Number:</b>	CM13-0056545		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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:

This is a 54-year-old female who sustained an injury to the right shoulder in a work-related accident on 8/13/12. The clinical records provided for review in regard to the right shoulder included an MRI report dated 4/12/13 that showed a high-grade partial thickness articular surface tear with acromioclavicular joint degenerative change and superior labral tearing. Recent clinical records for review included a PR2 report dated 12/4/13 noting ongoing complaints of pain in the right shoulder. Examination showed tenderness over the anterior aspect with no instability. Based on failed conservative care, recommendation for surgery to include a rotator cuff repair procedure to be performed arthroscopically was made. There was no documentation of conservative measures for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SHOULDER ARTHROSCOPY, ROTATOR CUFF REPAIR PER PR-2 DATED 10/8/13 QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**Decision rationale:** Based on California ACOEM 2004 Guidelines, shoulder arthroscopy and rotator cuff repair would not be indicated. The claimant's current clinical imaging does not support a full thickness rotator cuff tear and there is no documentation of conservative treatment including recent injection therapy provided to the claimant. California ACOEM Guidelines only recommend surgical intervention for rotator cuff repair if full thickness tears are noted or in the setting of partial thickness tears that have failed conservative care for a 3-6 month period of time including injection therapy. The absence of the above documentation would fail to support the surgical request.

**DEBRIDEMENT QTY 1:** 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.

**SYNOVECTOMY QTY 1:** 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.

**PRE-OP CLEARANCE; LABS QTY 1:** 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.