

<b>Case Number:</b>	CM13-0057214		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Orthopaedic 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 patient is a 54 year old female with a date of injury of 2/13/13. The 3/14/13 Doctor's First Report submitted stated that the patient was reaching under her desk when she experienced sharp left shoulder pain and heard and felt a pop. The 3/21/13 left shoulder MRI findings were consistent with a tendinitis or partial tear of the supraspinatus tendon. The physician reported exam findings consistent with an impingement and tear of the rotator cuff. Conservative treatment was initiated on 3/21/13 and has included daily pendulum and wall climbing exercises, home heat/ice, anti-inflammatories, analgesics, and muscle relaxants. The patient has been able to remain at work with restrictions. The physician ordered a formal trial of physical therapy which was initiated on 10/30/13. The 10/30/13 physical therapy report documented constant grade 6-7/10 left shoulder pain, pain aggravated with any use, significant loss of passive and active left shoulder range of motion all planes, and marked global left shoulder strength loss. The 11/7/13 progress report submitted documented marked loss of left shoulder range of motion with no anterior/posterior instability. The physician reported that the patient had experienced significant pain during physical therapy treatment with no improvement. He recommended proceeding with a left shoulder arthroscopy with repair rotator cuff, subacromial decompression, debridement, and synovectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy left shoulder:** Upheld

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

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

**Decision rationale:** The request for left shoulder arthroscopy with repair rotator cuff, subacromial decompression, debridement, and synovectomy was originally non-certified in utilization review because failure of conservative treatment was not documented consistent with guidelines. The ACOEM guidelines state that surgery for partial thickness rotator cuff tears presenting primarily as impingement is reserved for cases failing conservative therapy for 3 months. Conservative treatment had included home exercises, ice/heat, and medications with persistent pain and significant functional loss of range of motion and strength. A brief trial of formal physical therapy in October 2013 was not tolerated by the patient due to a significant increase in pain. There is no documentation that a recent and reasonable comprehensive non-operative treatment (typically including a reasonable course/months of physical therapy modalities, cortisone injection, medications and activity modification) has/had been tried and failed. Given the failure to meet guideline criteria, the request for left shoulder arthroscopy was/is not medically necessary at this time.