

<b>Case Number:</b>	CM13-0057962		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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:

The claimant is a 53-year-old gentleman who sustained injury to the bilateral shoulders in a work related accident on June 2, 2008. The clinical records provided for review identify a note on October 28, 2013 that indicated that the claimant wanted to proceed with left shoulder surgery. It was documented that the claimant had failed conservative measures and his working diagnosis was full thickness rotator cuff tear with AC joint disease, bicipital tenodesis and ligamentous sprain. The diagnosis was documented to have been confirmed by ultrasound evaluation on May 16, 2013 revealing full thickness rotator cuff tearing. No other documentation of imaging reports was provided. At present, there is a request for an arthroscopic evaluation, rotator cuff repair versus debridement, distal clavicle resection with possible need of a reverse total shoulder arthroplasty if the rotator cuff is unable to be repaired. There is also request for perioperative modalities and treatment to include medical clearance, postoperative rehabilitation, a continuous passive motion machine, cryotherapy device and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RTHROSCOPIC ROTATOR CUFF REPAIR VS DEBRIDEMENT AND DISTAL CLAVICLE RESECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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

**Decision rationale:** he documentation provided for review does not contain any clinical imaging reports to support or refute the chronicity of the claimant's shoulder findings. The absence of clinical imaging to clearly identify a clear lesion that would benefit from surgical repair would fail to support the role of the surgical process in question. This is also taking into account the claimant's lack of recent documentation of conservative care, which the ACOEM Guidelines indicate "can be carried out for at least three to six months before considering surgery." The request for arthroscopic rotator cuff repair vs. debridement and distal clavicle resection is not medically necessary and appropriate.

**ARTHROSCOPIC EVALUATION:** 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-OPERATIVE MEDICAL CLEARANCE:** 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.

**SUPERVISED POST-OPERATIVE REHABILITATIVE THERAPY:** 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.

**SURGI-STIM UNIT X90 DAYS:** 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.

**██████████ COLD THERAPY UNIT:**

**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.

**REVERSE TOTAL SHOULDER ARTHROPLASTY IF THE ROTATOR CUFF COULD BE REPAIRED:** 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.

**OXYCONTIN:** 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.