

<b>Case Number:</b>	CM13-0058994		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Occupational Medicine and is licensed to practice in Hawaii. 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 patient is a 61 year-old male who injured his left shoulder on 5/12/11 due to a fall. He was diagnosed with shoulder strain, rotator cuff tendinitis and internal derangement. The patient was initially treated with medication and chiropractic care from 6/20/11 to 5/21/12 and physical therapy. Left shoulder x-rays from 4/4/13 showed calcific tendinitis. A MRI from 5/27/13 showed high grade partial thickness vs. full thickness tear of the supraspinatus tendon and partial thickness tear of the infraspinatus tendon. As of 10/15/13, the patient was still complaining of left shoulder pain and had decreased mobility with tenderness at the greater tuberosity. He had positive impingement signs. There was no evidence that he had had conservative care for this recurrence including physical therapy and cortisone injections prior to proposing surgery. A utilization review dated 11/13/2013 noncertified the request for shoulder arthroscopy with rotator cuff repair, internal medicine evaluation for pre-operative clearance, hot/cold contrast unit and sling with abduction pillow has been made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### (1) LEFT ARTHROSCOPY WITH ROTATOR CUFF REPAIR: Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 195-252.

**Decision rationale:** ODG states, "Repair of the rotator cuff is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. However, rotator cuff tears are frequently partial-thickness or smaller full-thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months." A MRI from 5/27/13 showed high grade partial thickness vs. full thickness tear of the supraspinatus tendon and partial thickness tear of the infraspinatus tendon. The medical records do not indicate that the patient has attempted any conservative therapy and the results of those conservative therapies. As such, the request for 1 left arthroscopy with rotator cuff repair is not medically necessary at this time.

**(1) INTERNAL MEDICINE EVALUATION FOR SURGICAL 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.

**(1) HOT/COLD CONTRAST UNIT:** 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.

**(1) SLING WITH ABDUCTION PILLOW:** 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.