

<b>Case Number:</b>	CM13-0059470		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/29/1997
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 51-year-old female sustained an industrial injury on 1/29/97, relative to a motor vehicle accident. The patient underwent left shoulder rotator cuff repair, subacromial decompression, and distal clavicle excision on 12/08/05. The 11/11/13 treating physician report cited subjective complaints of moderate left shoulder pain increased with lifting, pushing, pulling, range of motion, and sleeping. There was associated weakness. Prior MRI findings of rotator cuff tear were noted. Previous physical therapy and injections helped temporarily. Physical exam of the shoulders documented left shoulder range of motion normal, positive Neer impingement sign, and 4/5 supraspinatus weakness. The diagnosis was full thickness rotator cuff tear. The patient was working full duty. The treatment plan recommended shoulder arthroscopy with rotator cuff repair. Ibuprofen was prescribed. The 11/15/13 utilization review denied the request for right shoulder surgery based on a lack of current imaging evidence identifying rotator cuff pathology and no documentation of recent conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SHOULDER ARTHROSCOPY WITH REPAIR OF ROTATOR CUFF TEAR AND RELATED PROCEDURES: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for rotator cuff repair.

**Decision rationale:** The California MTUS guidelines do not address rotator cuff repair for chronic injuries. The Official Disability Guidelines for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. Guideline criteria have not been met. There is no documented clinical exam evidence relative to the right shoulder to support the medical necessity of right shoulder surgery. The available records documented left shoulder exam findings of normal range of motion, positive impingement test, and supraspinatus weakness. There was a report of prior MRI findings showing a rotator cuff tear, but the specific shoulder and date of these findings is not documented. There is no detailed documentation that recent comprehensive conservative treatment had been tried and failed. Therefore, this request for right shoulder arthroscopy with repair of rotator cuff tear and related procedures is not medically necessary.