

<b>Case Number:</b>	CM13-0059498		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/12/2013
<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 is a 46-year-old female who was injured on 07/29/13. Clinical records in regards to the claimant's right shoulder include a 09/04/13 MR arthrogram that shows partial thickness undersurface tearing of the supraspinatus with no documented labral pathology. A follow up of 09/25/13 indicated the treating physician read the arthrogram as a labral tear. Physical examination showed weakness with infraspinatus testing, negative liftoff testing, equivocal O'Brien's and positive Speed's testing with positive impingement. It states that the claimant had failed conservative care, and he recommended a diagnostic arthroscopy for repair of the labrum and debridement/repair of the rotator cuff for further intervention. Documentation of formal conservative measures was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SHOULDER SURGERY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: shoulder procedure -Surgery for SLAP lesions

**Decision rationale:** Based on California ACOEM guidelines and supported by Official Disability Guidelines criteria, the surgical process of the shoulder to include labral and/or rotator cuff repair would not be indicated. The claimant's imaging demonstrates undersurface tearing to the rotator cuff with no documentation of specific treatment including injection therapy to acutely necessitate the need of surgery for partial thickness tearing. There is also no indication of formal documentation of labral pathology based on imaging. This would fail to necessitate the acute need of labral repair. Therefore the request for right shoulder surgery is not medically necessary and appropriate.