

<b>Case Number:</b>	CM13-0061230		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Orthopaedic Surgery, and is licensed to practice in Pennsylvania. 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 records indicate that the claimant is a 51-year-old male with a reported injury date of 2/2/09. The claimant underwent a right rotator cuff repair on 4/10/13. The records also indicate a past surgical history of bilateral rotator cuff surgery on his shoulders in 1991. Additionally, he underwent a previous right shoulder open rotator cuff repair in 2009 followed by two subsequent incision and drainage procedures for infection. A more recent record suggested that the claimant had left shoulder pain; however, there was minimal physical exam findings regarding the left shoulder. The claimant reportedly had no swelling and potentially had limited motion of the left shoulder, although it is unclear if the motion parameters were being described for the left or the right. The claimant has been given a diagnosis of "impingement rotator cuff tear left shoulder." Left shoulder arthroscopy and rotator cuff repair has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER ARTHROSCOPIC/ ROTATOR CUFF REPAIR (RCR):** 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): 209, 210.

**Decision rationale:** The requested left shoulder arthroscopic rotator cuff repair cannot be recommended as medically necessary based upon the medical records provided and the ACOEM Guidelines. There is very little medical information associated with the claimant's left shoulder. There is no clear outline regarding the history of his complaints, and there is no documentation of a thorough shoulder exam. There is no documentation of imaging for the left shoulder to suggest that the claimant has a rotator cuff tear. There also is no record of conservative treatment for the left shoulder. Overall, there simply is insufficient information to justify the requested left shoulder surgery based on the information provided for review.