

<b>Case Number:</b>	CM13-0064921		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 62-year-old, gentleman injured on 10/03/13 when he slipped and fell onto an outstretched right arm resulting in acute shoulder complaints. The records for review include the report of an MRI of the shoulder dated 10/28/13 identifying a diffuse rotator cuff tear of the distal supraspinatus with the long head of the biceps unable to be visualized and significant atrophy about the supraspinatus. Follow up assessment on 11/12/13 showed continued right shoulder complaints with examination of weakness, elevation to only 90 degrees, and positive impingement. Working assessment was torn rotator cuff of the right shoulder. The recommendation was made for shoulder arthroscopy, rotator cuff repair with possible bicep tenotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SHOULDER ARTHROSCOPY ACROMIOPLASTY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter-Shoulder for Impingement Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**Decision rationale:** Based on California ACOEM Guidelines shoulder arthroscopy would be supported as medically necessary. This individual has acute rotator cuff pathology based on weakness and full thickness findings on imaging. The acute need of surgical process in this individual would be supported. The request for Right Shoulder Arthroscopy is medically necessary.

**(RTC) ROTATOR CUFF REPAIR RIGHT SHOULDER:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**Decision rationale:** Also based on California ACOEM Guidelines the specific portion of the surgery to include a rotator cuff repair would be supported. As stated above, this individual has acute rotator cuff findings on MRI scan and weakness on examination following the injury. The role of surgical intervention to include rotator cuff repair would be supported. The request for Rotator Cuff Repair Right Shoulder is medically necessary.

**POSSIBLE BICEPS TENOTOMY RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Update; Shoulder Procedure - Surgery for ruptured biceps tendon (at the shoulder).

**Decision rationale:** The California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, do not recommend biceps tenotomy. This individual appears to have already avulsed the proximal aspect of the biceps tendon based on an inability to visualize the proximal biceps on MRI. The role of a biceps tenotomy in this individual whose biceps tendon already appears to be torn would not be supported as medically necessary. Therefore, the request for possible Biceps Tenotomy Right Shoulder is not medically necessary.