

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0065683 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 06/26/2013 |
| <b>Decision Date:</b> | 05/27/2014   | <b>UR Denial Date:</b>       | 11/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/13/2013 |

### 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:

Medical records provided for review include an August 2, 2013 right shoulder MRI showing acromioclavicular joint osteoarthritis with significant uptake to the supraspinatus tendon consistent with tendinosis as well as tendinosis to the infraspinatus and subscapularis with no full thickness rotator cuff pathology. There was also noted to be bicipital tendinosis with partial tearing. A recent assessment of November 8, 2013 indicated continued right shoulder pain secondary to cumulative trauma for which the claimant's examination showed restricted range of motion at end points, positive impingement, O'Brien's, Speed, and acromioclavicular joint compression testing. Based on failed conservative care that included physical therapy, activity modifications and passage of time, surgery was recommended in the form of diagnostic arthroscopy to the right shoulder in the form of rotator cuff repair, decompression, distal clavicle excision and biceps tenodesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC/OPERATIVE RIGHT SHOULDER ARTHROSCOPY, POSSIBLE ARTHROSCOPIC VS. OPEN ROTATOR CUFF REPAIR, DECOMPRESSION WITH ACROMIOPLASTY, RESECTION OF CORACOACROMIAL LIGAMENT AND/OR BURSA AS INDICATED, MUMFORD PROCEDURE AND BICEPS TENODESIS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the medical records provided for review, this injured worker has had no documentation of conservative care to include injection therapy. In regards to partial thickness rotator cuff tearing and impingement, Guidelines would recommend three to six months of conservative care including injection therapy. Absence of the above would fail to necessitate the acute need of surgical process as requested. Consequently, the request is not medically necessary and appropriate.

**POSTOPERATIVE PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS:** 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.

**COLD THERAPY 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.

**E-STIM:** 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.

**CPM 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.

**SLING:** 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.

**LARGE 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.

**PREOPERATIVE MEDICAL 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.