

<b>Case Number:</b>	CM13-0067331		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 claimant is a 53-year-old injured in a work-related accident on June 28, 2012. Clinical records provided for review specific to the claimant's left shoulder included a September 4, 2013 assessment for follow-up of the left shoulder with stiffness. It noted a recent corticosteroid injection provided no benefit. Examination showed tenderness to palpation over the biceps tendon and acromioclavicular joint with positive Hawkin's testing, full range of motion, and minimal tenderness to palpation. The claimant was noted to be status post a subacromial decompression. His current working diagnosis was status post decompression with partial supraspinatus tendinosis. Recommendation was for a revision arthroscopic procedure to include a possible rotator cuff repair and revision decompression procedure. Postoperative imaging included a May 30, 2013 MR arthrogram of the left shoulder that showed rotator cuff tendinosis with no partial or full-thickness tearing with evidence of prior acromioplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A LEFT SHOULDER SUBACROMIAL DECOMPRESSION, AND POSSIBLE ARTHROSCOPIC ROTATOR CUFF REPAIR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

**Decision rationale:** Based on the California ACOEM 2004 Guidelines, the request for left shoulder subacromial decompression, possible arthroscopic rotator cuff repair would not be medically necessary. The claimant is noted to have already undergone prior subacromial decompression with no current documentation of rotator cuff pathology on post surgical imaging studies. The medical records do not indicate why the claimant would require a second operative process to include a decompression and possible rotator cuff repair given the claimant's clinical imaging and current clinical course of care.

**A PREOPERATIVE EKG:** 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 items/services are medically necessary.

**COLD THERAPY:** 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 items/services are medically necessary.