

<b>Case Number:</b>	CM13-0070894		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 patient is a 64 year of female who was injured on 08/02/2013. She sustained an injury from a slip and fall landing on her outstretched right upper extremity. Prior treatment history has included Lexapro, Nexium, Imitrex, Soma, Flexeril, Atenolol and Norco. The patient underwent surgical fusion of C6-C7 was dated 02/2012, surgical fusion of C5, C6, and C7 in 02/2012. The patient also received two intraarticular injections of AC joint, one dated 08/27/2013 and the second dated 10/02/2013; both were guided by ultrasound. Diagnostic studies reviewed include 3-view x-ray of right shoulder dated 08/12/2013 reveals sclerosis involving the greater tuberosity. An MRI of the right shoulder performed on 08/23/2013 demonstrates partial rotator cuff tendon tear infraspinatus and supraspinatus; severe acromioclavicular joint arthritis with early distal clavicle osteolysis. Ultrasound on 08/27/2013 shows a right shoulder partial rotator cuff tendon cuff involving the supraspinatus and infraspinatus; moderate to severe acromioclavicular joint arthritis. An orthopedic note dated 11/18/2013 indicates the patient presents with complaints of right shoulder pain. The patient states that the AC joint injection was more helpful for the subacromial cortisone injection. She has minimal pain at this point in time. On exam, there is persistent profuse tenderness at the base of the neck. She has minimal range of motion of the cervical spine and she has upper trapezial pain and discomfort. With respect to the right shoulder, she has no tenderness about the acromioclavicular joint. There is negative stress AC test; negative Jobe test and negative O'Brien test; Impingement signs 1 and 2 are negative. The patient is diagnosed with partial tear of the rotator cuff tendon, infraspinatus and supraspinatus; improved with cortisone injection; 2) Severe acromioclavicular joint arthritis with early distal clavicle osteolysis improved with cortisone injection; and 3) Status post cervical fusion. The patient is recommended for a repeat injection and discussion and consideration for

shoulder arthroscopy, rotator cuff repair, subacromial decompression plus or minus distal clavicle resection if her pain recurs.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT SHOULDER ARTHROSCOPY, ROTATOR CUFF REPAIR, SUBACROMIAL DECOMPRESSION, PLUS OR MINUS DISTAL CLAVICLE RESECTION: 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): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the CA MTUS guidelines, Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly in younger workers. Studies evaluating results of conservative treatment of full-thickness rotator cuff tears have shown an 82-86% success rate for patients presenting within three months of injury. The medical records document the patient was diagnosed with partial rotator cuff tendon tear, and severe AC joint arthritis with early distal clavicle osteolysis. In the absence of documented objective findings of muscle weakness or atrophy and in the absence of 3-6 months of conservative treatment, the request is not medically necessary according to the guidelines.

#### **POSTOPERATIVE ULTRA 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.

#### **POSTOPERATIVE PHYSICAL THERAPY TWICE A WEEK FOR FOUR 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.