

<b>Case Number:</b>	CM14-0000887		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Ortho Spine Surgeon and is licensed to practice in New York. 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 61 year old female with a date of injury of January 13, 2003. The patient has chronic shoulder pain. The pain is worse with physical activity. She's had conservative measures including physical therapy, home exercise program, NSAIDs, and injection therapy. There is no information regarding effectiveness of physical therapy in the progress notes. Physical exam shows left shoulder tenderness to palpation and positive impingement sign with Hawkins maneuver. The patient has 4-5 rotator cuff strength with flexion and abduction. Active range of motion is diminished with flexion 20 abduction 20. A left shoulder MRI in April 2013 revealed evidence of prior subacromial decompression with moderate grade partial thickness supraspinatus tendon tear. There degenerative changes of the labrum. At issue is whether rotator cuff surgeries are medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER ARTHROSCOPY DEBRIDEMENT, DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE, DECOMPRESSION OF THE SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The patient does not meet established criteria for rotator cuff surgery at this time. Specifically, there is no documentation of an adequate trial and failure of conservative measures to include physical therapy. The MRI shows partial thickness rotator cuff tear and surgeries reserved for cases failing conservative therapy for 3 months. Surgery is not indicated for patients with mild symptoms and for patients with activities that are not limited. The medical records do not indicate that the patient is severely limited in physical function and they do not indicate that the patient has tried and failed an adequate trial of conservative measures to include physical therapy. Criteria for left shoulder rotator cuff surgery not met at this time. As such, the request is not medically necessary and appropriate.

**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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapterODG shoulder pain.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**12 POST OPERATIVE PHYSICAL THERAPY VISITS:** 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.

**ASSISTANT SURGEON:** 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.