

<b>Case Number:</b>	CM14-0004167		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Orthopedic Surgery, has a subspecialty in Shoulder and Elbow 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 injured worker is a 67-year-old male who reported an injury on 08/24/2011 due to a trip and fall. The injured worker reportedly sustained an injury to his right shoulder. The injured worker's treatment history included arthroscopic and open rotator cuff repair in 02/2012 followed by pain management and postoperative care. The injured worker underwent an MRI on 10/26/2012 that documented there was tendinopathy and a partial-thickness tear of the rotator cuff with evidence of osteoarthritis at the acromioclavicular joint and a possible minimal tear involving the posterior glenoid labrum. The injured worker was evaluated on 11/22/2013. It was documented that the injured worker had persistent right arm pain complaints, increased with activity and reduced with rest. Examination of the right shoulder revealed tenderness to the anterolateral aspect of the acromion with range of motion reduced secondary to pain. The injured worker's diagnoses included partial-thickness tear of the rotator cuff, acromioclavicular joint impingement, osteoarthritis of the right acromioclavicular joint and postprocedural status of right shoulder arthroscopy on 02/03/2012. A request was made for repeat surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SURGERY R SHOULDER ARTHROSCOPY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 210-212.

**Decision rationale:** The ACOEM Guidelines recommends surgical intervention when there are clinical findings of deficits consisted with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation does support that the injured worker has been conservatively treated for over a year since the previous surgical intervention and has continued pain complaints and range of motion limitations that would benefit from surgical intervention. The clinical documentation also includes an MRI that indicates rotator cuff impairment and deficits that would benefit from surgical intervention. As such, the requested surgery right shoulder arthroscopy is medically necessary and appropriate.

**MUMFORD:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 210-212.

**Decision rationale:** The ACOEM Guidelines recommends surgical intervention when there are clinical findings of deficits consisted with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation does support that the injured worker has been conservatively treated for over a year since the previous surgical intervention and has continued pain complaints and range of motion limitations that would benefit from surgical intervention. The clinical documentation also includes an MRI that indicates rotator cuff impairment and deficits that would benefit from surgical intervention. As such, the requested Mumford is medically necessary and appropriate.

**ACROMIOPLASTY W RESECTION OF CORACOACROMIAL LIGAMENT:**  
Overturned

**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): 210-212.

**Decision rationale:** The ACOEM Guidelines recommends surgical intervention when there are clinical findings of deficits consisted with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation does support that the injured worker has been conservatively treated for over a year since the previous surgical intervention and has continued pain complaints and range of motion limitations that would benefit from surgical intervention. The clinical documentation also includes an MRI that indicates rotator cuff impairment and deficits that would benefit from surgical intervention. As such, the requested acromioplasty with resection of coracoacromial ligament is medically necessary and appropriate.

**DEBRIDEMENT SUBACROMIAL BURSA: Overturned**

**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): 210-212.

**Decision rationale:** The ACOEM Guidelines recommends surgical intervention when there are clinical findings of deficits consisted with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation does support that the injured worker has been conservatively treated for over a year since the previous surgical intervention and has continued pain complaints and range of motion limitations that would benefit from surgical intervention. The clinical documentation also includes an MRI that indicates rotator cuff impairment and deficits that would benefit from surgical intervention. As such, the requested debridement subacromial bursa is medically necessary and appropriate.