

<b>Case Number:</b>	CM14-0008392		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopaedic 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 55-year-old female driver sustained an industrial injury on 4/27/12, relative to a rear-end motor vehicle accident. She has been under care for multiple issues including neck, low back, left shoulder, and right knee pain. The 5/20/13 upper extremity electrodiagnostic study findings were suggestive of mild left C6/7 radiculopathy and right mild to moderate carpal tunnel syndrome. The 7/11/12 left shoulder MRI (magnetic resonance imaging) findings documented a full thickness tear of the supraspinatus tendon, mild subscapularis and infraspinatus tendinopathy, and moderate to advanced acromioclavicular joint arthrosis characterized by advanced cartilage loss, joint space narrowing, marginal osseous spurring, and subchondral cystic changes. There was trace left shoulder joint effusion and mild acromioclavicular joint synovitis. An initial request for left shoulder surgery was noted on 8/27/12 following failure of reasonable conservative treatment. The 10/21/13 treating physician report cited left shoulder pain, weakness, and decreased range of motion. Difficulty was reported with lifting, pushing and pulling objects and overhead motions. Left shoulder physical exam findings documented positive impingement and Hawkin's signs, forward flexion 100 degrees, abduction 90 degrees, and 4/5 deltoid strength. The patient had attempted extensive conservative management for the left shoulder including medications and therapy. She declined cortisone injection as she wished to proceed with more definitive treatment. She had cortisone injection in the past. MRI showed a full thickness rotator cuff tear. The treatment plan recommended right shoulder arthroscopy. The 12/18/13 chiropractic progress report cited subjective complaints of left shoulder pain and loss of range of motion. A request for left shoulder arthroscopic surgery is noted. The 12/27/13 utilization review denied the request for left shoulder arthroscopy based on an absence of documented physical exam, treatment, symptoms or diagnostic studies.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ARTHROSCOPY, LEFT SHOULDER:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for rotator cuff tear.

**Decision rationale:** Under consideration is a request for left shoulder arthroscopy. The California MTUS guidelines do not address rotator cuff repair for chronic injuries. The Official Disability Guidelines (ODG) for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. The guidelines criteria have been met. There are subjective and objective clinical exam findings consistent with imaging findings of a full thickness rotator cuff tear. The patient has failed reasonable conservative treatment. Therefore, this request for left shoulder arthroscopy is medically necessary.