

<b>Case Number:</b>	CM14-0105380		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 is a 59-year-old female claimant with reported industrial injury of August 4, 2008. Diagnosis includes bilateral shoulder impingement syndrome and bilateral carpal tunnel syndrome with cervical spine strain and sprain. MRI of the right shoulder from August 2009 demonstrates tendinosis and partial intrasubstance tearing of the supraspinatus. Orthopedic examination from January 20, 2014 demonstrates pain in the cervical spine as well as pain in the shoulder with right wrist pain. Bilateral shoulder examination demonstrates positive impingement with the right shoulder having flexion and abduction to 80 in the left shoulder flexion and abduction to 100 with tenderness over the acromioclavicular joint. Reevaluation on 4/15/2014 demonstrates ongoing pain rated as 7 out of 10 with no change from the prior exam. Right shoulder examination demonstrated impingement with ongoing limitations of motion. Flexion and abduction were 80 on the right and 100 on the left. Request is made for right shoulder open decompression and rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder Arthroscopy Surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery for rotator cuff repair

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 4/15/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 4/15/14 does not demonstrate night pain or relief from anesthetic injection. In addition the MR from August 200 does not demonstrate clear evidence of a rotator cuff tear. Therefore this request is not medically necessary.