

<b>Case Number:</b>	CM14-0108297		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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:

The claimant is a 43-year-old female who sustained a vocational slip and fall on November 12, 2012. The medical records provided for review document a prior surgical history for right shoulder arthroscopy with subacromial decompression, rotator cuff repair on September 10, 2013. The working diagnoses include cervical sprain, recurrent rotator cuff of the right shoulder as well as proximal biceps tendon tear. The report of the office visit on June 11, 2014 noted ongoing shoulder pain. Examination of the cervical spine showed diffuse tenderness and diffuse paraspinal muscle tenderness. Range of motion was limited to 80 percent of predicted values with pain in all directions. There was no subluxation or other evidence of instability demonstrated during range of motion testing. Examination of the right shoulder demonstrated previous portal sites were healed. Active assisted forward flexion was to 90 degrees. Strength and stability exams were deferred. She had a positive Hawkins test. The report of an MRI of the cervical spine dated April 22, 2014 was slightly degraded by patient motion with minimal reversal of normal cervical lordosis without subluxation of facets or vertebrae. There was no extruded cervical disc herniation or abnormality of the central cord. The report of the MRI of the right shoulder without contrast dated April 22, 2014; showed postoperative changes of the rotator cuff with a high grade, likely near full thickness retear seen within the anterior distal footprint of the supraspinatus tendon. There were postoperative changes of acromioplasty. There was a low grade longitudinal split tear within the long head of the biceps tendon at the level of the rotator interval. There was diffuse labral degeneration and fraying with no evidence of discrete labral tear or paralabral cyst. Conservative treatment to date has included postoperative therapy following the September of 2013 surgical intervention, and recently the use of Naprosyn and Ultram. This review is for right shoulder arthroscopy with biceps tenodesis and relayed procedures.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy with Biceps Tenodesis and relayed procedures:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: SLAP (Superior Labral Anterior-Posterior) lesion diagnosis and Surgery and Surgery for rotator cuff repair.

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for Right Shoulder Arthroscopy with Biceps Tenodesis and relayed procedures cannot be recommended as medically necessary. Official Disability Guidelines note that revision rotator cuff repair is inferior to those of primary repair and while pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good quality rotator cuff tissue, and preoperative elevation above the horizontal plane with only one prior procedure. Due to the fact that the claimant is 43-years-of-age and has undergone a previous right shoulder arthroscopy less than one year ago, with no new documented injury or trauma, it would be reasonable to attempt, fail, and exhaust all forms of conservative treatment prior to recommending and considering revision rotator cuff surgery. There is a lack of documentation that recent physical therapy, a home exercise program, and an injection have been utilized in an attempt to decrease the claimant's complaints of pain and increase her overall function. In addition, there is a lack of documentation that addresses the previous September 2013 intraoperative rotator cuff tissue which would be imperative to note prior to determining the medical necessity. Currently, the claimant does not have active elevation greater than 90 degrees which is recommended in the setting of revision rotator cuff repair. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for the right shoulder arthroscopy with biceps tenodesis and related procedures is not medically necessary and appropriate.

**Post-Operative Breg Sling for Right Shoulder:** 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.

