

<b>Case Number:</b>	CM14-0010343		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 patient is a 45-year-old female claimant with an industrial injury dated 06/12/09. The patient is status post an arthroscopy with subacromial decompression as of March 2011. Exam note 10/08/13 states the patient returns with right shoulder pain. Physical exam demonstrates the patient has positive impingement test and a normal range of motion. A subacromial joint injection was given to the patient upon visit. The patient mentions that the prescribed medications do provide temporary pain relief. Exam note 11/04/13 states right shoulder imaging demonstrates there is evidence of impingement or rotator cuff deficit. Diagnosis is noted as a right shoulder bursitis with partial thickness rotator cuff tear. Treatment includes right shoulder subacromial decompression with possible rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SHOULDER SUBACROMIAL DECOMPRESSION W/POSSIBLE ROTATOR CUFF REPAIR: Upheld**

**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): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, 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 11/4/13 do not demonstrate 4 months of failure of activity modification. The physical exam from 11/4/13 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. In addition there is no attached MRI report of the shoulder to review. Therefore the request is not medically necessary.