

<b>Case Number:</b>	CM14-0011981		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 New Hampshire, New York, and Washington. 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 underwent right shoulder open rotator cuff repair in February 2013. The patient still has pain in the right shoulder a limited range of right shoulder motion. MRI shows severe acromioclavicular joint osteoarthritis with a persistent rotator cuff tear. The medical records do not contain adequate documentation of conservative treatment for the patient's right shoulder condition. Postoperative MRI imaging is not documented. Physical therapy and effectiveness of conservative measures and I clearly documented in the medical records. Cortisone steroid injection is not documented. At issue is whether right shoulder revision rotator cuff repair, acromioplasty and distal clavicle resection is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT ARTHROSCOPIC REVISION ROTATOR CUFF REPAIR, ACROMIOPLASTY AND DISTAL CLAVICLE RESECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The patient does not meet establish criteria for revision shoulder surgery at this time. Specifically, the medical records do not document an adequate trial and failure of conservative measures after the surgery was performed. The medical records do not document a shoulder steroid injection. The medical records do not document postoperative MRI showing specific findings. The request for revision right shoulder surgery is not medically necessary based establish criteria.

**POST OPERATIVE PHYSICAL THERAPY 3 TIMES 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**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.

**DVT/PNEUMATIC COMPRESSION WRAPS (NOT SPECIFIED RENT/PURCHASE):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**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.