

<b>Case Number:</b>	CM14-0012402		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Texas. 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 injured worker is a 50-year-old male who reported an injury on August 30, 2011 after he pulled a wheel. The injured worker reportedly sustained an injury to his right shoulder. The injured worker was conservatively treated with medications without any significant benefit and ultimately underwent surgical intervention in February 2012. The injured worker was evaluated on September 16, 2013. It was documented that the injured worker had redeveloped painful symptoms. The injured worker underwent an MRI in September 2013 that documented there was evidence of osteoarthritis of the acromioclavicular joint with distal clavicle impingement and severe tendinosis of the distal supraspinatus tendon with a partial thickness tear. The injured worker was evaluated on January 16, 2014. Physical findings included significant tenderness to palpation of the right shoulder with range of motion described as 170 degrees in forward flexion, 120 degrees in abduction, 165 degrees in scaption, and 38 degrees in internal rotation with a positive impingement sign, Hawkins sign, and cross arm abduction cast. The injured worker's diagnoses include right shoulder biceps tendon rupture, right shoulder impingement, and right shoulder rotator cuff tendinitis. The injured worker's treatment plan included surgical intervention due to failure to respond to conservative measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative Comprehensive Metabolic Panel:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pre-Operative Complete Blood Count.:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pre-Operative Chest X-Ray:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pre Operative Electrocardiogram (EKG):** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Right Shoulder Arthroscopic Revision, Subacromial Decompressions, Mumford Procedure, and possible Biceps repair.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Indications for Surgery, Acromioplasty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-212.

**Decision rationale:** The requested right shoulder arthroscopy revision, subacromial decompressions, and Mumford procedure with possible biceps repair is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend surgical intervention for shoulder injuries when there are clear objective clinical findings of significant functional deficits supported by pathology identified by an imaging study that has failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker had previously undergone surgical intervention. However, although there is documentation that the patient has undergone a platelet-rich plasma injection, there is no documentation that the patient has undergone any type of active therapy or corticosteroid injections to assist with inflammation and restoration of function. Therefore, surgical intervention would not be supported at this time. As such, the requested right shoulder arthroscopic revision, subacromial decompressions, Mumford procedure, and possible biceps repair is not medically necessary or appropriate.

**Post-Operative Physical Therapy (12-sessions): 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Shoulder Sling: 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Cold Therapy Unit.: 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

