

<b>Case Number:</b>	CM14-0014513		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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 61-year-old male who has submitted a claim for Cervical Spine Sprain with Radicular Symptoms, Lumbosacral Sprain with Radicular Symptoms, and Right Shoulder Rotator Cuff Tear with Involvement of the Supraspinatus and Infraspinatus, associated with an industrial injury date of May 30, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck, right shoulder, and low back pain. On physical examination, there was decreased range of motion of the cervical spine. Biceps and triceps reflexes were intact and symmetrical. No sensorimotor deficits of the upper extremities were reported. Examination of the shoulders showed tenderness of the acromioclavicular joint and bicipital area on the right. Range of motion was limited on all planes, right greater than the left shoulder. Hawkins and Neer signs were positive on the right as well. Examination of the thoracolumbar spine showed no tenderness. Lumbar spine range of motion was limited. Gait was slow and straight leg raise test was negative bilaterally. Examination of the lower extremities showed no sensorimotor deficits. MRI of the right shoulder dated July 24, 2013 revealed a massive rotator cuff tear with full thickness tear of the supraspinatus and infraspinatus, moderate muscle atrophy, biceps tendinitis, mild glenohumeral osteoarthritis, and mild to moderate acromioclavicular osteoarthritis. Treatment to date has included medications, 6 physical therapy sessions, and one right shoulder injection. Utilization review from January 20, 2014 denied the request for right shoulder arthroscopy subacromial decompression and left shoulder arthroscopy subacromial decompression because there were no imaging studies presented and physical examination findings were minimal with no documentation of positive impingement maneuvers. There was also no documentation that any lower levels of care had been attempted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY SUBACROMIAL DECOMPRESSION:** 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): 209-211.

**Decision rationale:** According to pages 209-211 of the ACOEM Practice Guidelines referenced by CA MTUS, rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. For partial full-thickness presenting primarily as impingement, surgery is reserved for cases failing conservative therapy. In addition, conservative care including cortisone injections can be carried out for at least three to six months before considering surgery. ACOEM Guidelines further state that conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment but without the surgical risks. In this case, the request for right shoulder surgery was made because the patient was reported to have failed conservative treatment, had positive findings on physical exam, and possessed positive MRI findings. However, a comprehensive orthopedic consultation report dated January 2, 2014 stated that the patient underwent six physical therapy sessions with improvement of his condition and six additional sessions were requested. This statement is contradictory to the progress note stating that conservative treatment has failed. Thus, the response of the patient to conservative care is not clear. The patient's response to conservative management must be established prior to subjecting him to the risks of surgery. Therefore, the request for RIGHT SHOULDER ARTHROSCOPY SUBACROMIAL DECOMPRESSION is not medically necessary.

**LEFT SHOULDER ARTHROSCOPY SUBACROMIAL DECOMPRESSION:** 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): 209-211.

**Decision rationale:** According to pages 209-211 of the ACOEM Practice Guidelines referenced by CA MTUS, rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. For partial full-thickness presenting primarily as impingement, surgery is reserved for cases failing conservative therapy. In addition, conservative care including cortisone injections can be carried out for at least three to six months before considering surgery. ACOEM Guidelines further state that conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment but without the surgical risks. In this case, although physical examination findings revealed decreased range of motion on all planes, there were no other objective findings to support the diagnosis of a rotator cuff tear on the left shoulder. No imaging findings supported the claim as well. Furthermore, there was no

discussion regarding failure of conservative management, including injections for the left shoulder. Therefore, the request for LEFT SHOULDER ARTHROSCOPY SUBACROMIAL DECOMPRESSION is not medically necessary.