

<b>Case Number:</b>	CM14-0015220		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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:

This is a 50-year-old female with a 7/2/13 date of injury. An MRI from 10/29/13 revealed a partial tear of the infraspinatus, type II acromion, and tendinopathy of the supraspinatus with mild AXC joint arthritis. The patient was seen on 1/21/14 with right shoulder pain aggravated by overhead use, rated at 8/10. Abduction and flexion of the right shoulder was 60 degrees. Hawkins and impingement signs were positive. An appeal letter dated 1/30/14 stated the patient had painful arc of motion of the right shoulder at the extremes of motion. The patient is noted to have failed conservative treatment for more than 6 months. At this point, an arthroscopy of the right shoulder with possible subacromial decompression vs. rotator cuff repair was requested. MRI of the right shoulder, dated 12/12/13, revealed AC Osteoarthritis, supraspinatus and infraspinatus tendinitis, subchondral cyst formation in the humeral head. There was no mention of a rotator cuff tear. Treatment to date has included PT, nonsteroidal anti-inflammatory drugs (NSAIDs), and injections. The UR decision dated 1/30/14 denied the request given the patient had no evidence of a full thickness rotator cuff tear and a subacromial decompression would likely resolve the patients symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPIC ROTATOR CUFF REPAIR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**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-Rotator Cuff Repair).

**Decision rationale:** MTUS Guidelines state that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. The patient is noted to have had injections, however there is a lack of documentation regarding the dates, outcome and placement of these injections. The MRI shows no evidence of a rotator cuff tear. The patient has clinical signs of impingement and decrease in range of motion; however, there is a lack of imaging evidence to corroborate a rotator cuff tear. In addition, the appeal letter revised the request to a subacromial decompression vs. a rotator cuff repair, however the current request is for a rotator cuff repair only. Therefore, the request is not medically necessary.