

<b>Case Number:</b>	CM14-0018877		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 54-year-old female who reported an injury on 08/17/2012. The injured worker was evaluated on 12/04/2014. It was documented that the injured worker had right shoulder pain that was persistent. It was also documented that the injured worker was participating in a home exercise program. Physical findings included tenderness to palpation over the anterior right shoulder with no evidence of instability. The patient's diagnoses included right shoulder strain and right shoulder rotator cuff tear. A Request for Authorization for right shoulder arthroscopy, repair of the rotator cuff, debridement, and synovectomy was submitted on 01/17/2014. The injured worker was evaluated on 01/14/2014. It was documented that the injured worker had a slight droop of the right shoulder when compared to the left with pain caused by palpation over the anterior right rotator cuff mechanism and tenderness over the acromioclavicular joint and glenohumeral articulation. It was noted that the patient had increased pain with range of motion; however, no evidence of gross instability. The injured worker's treatment plan included surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY, REPAIR ROTATOR CUFF:** 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): 210-212.

**Decision rationale:** The Guidelines recommend surgical repair of the shoulder when there are clear physical examination findings supported by an imaging study of a lesion that would benefit from both long and short term intervention of surgery. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints that have failed to respond to a home exercise program and medications. However, the clinical documentation fails to provide any evidence of an imaging study to support the need for surgical intervention. Therefore, right shoulder arthroscopic repair of the rotator cuff would not be medically necessary or appropriate.

**DEBRIDEMENT:** 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): 210-212.

**Decision rationale:** The Guidelines recommend surgical repair of the shoulder when there are clear physical examination findings supported by an imaging study of a lesion that would benefit from both long and short term intervention of surgery. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints that have failed to respond to a home exercise program and medications. However, the clinical documentation fails to provide any evidence of an imaging study to support the need for surgical intervention. Therefore, debridement would not be medically necessary or appropriate.

**SYNOVECTOMY:** 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): 210-212.

**Decision rationale:** The Guidelines recommend surgical repair of the shoulder when there are clear physical examination findings supported by an imaging study of a lesion that would benefit from both long and short term intervention of surgery. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints that have failed to respond to a home exercise program and medications. However, the clinical documentation fails to provide any evidence of an imaging study to support the need for surgical intervention. Therefore, synovectomy would not be medically necessary or appropriate.

**PRE-OP CLEARANCE EXAM AND LABS:** 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.

**ASSISTANT SURGEON:** 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.