

<b>Case Number:</b>	CM14-0116660		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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:

The claimant is a 46-year-old male phone mechanic operator who fell off a heavy equipment machine on May 23, 2012. This is noted to be a vocational injury. Documentation suggests the claimant underwent a rotator cuff reconstruction in September of 2013. Post-operatively he was found to be using a CPM machine at home when he felt a pop in his shoulder. The exact date of that particular event is not documented. The claimant underwent an MRA of the right shoulder on March 26, 2014 which showed partial articular surface tear and delaminating tear of the supraspinatus tendon. There is mild tendinopathy of the infraspinatus tendon. There are mild hypertrophic changes of the acromioclavicular joint. There is no pertinent diagnosis of the right shoulder provided for review. The most recent office note available for review is from June 26, 2014 at which time the claimant had complaints of right shoulder pain which was noted to be stabbing, radiating, throbbing, tingling and numbness. Since the onset of his pain, the claimant noted 80% increase in discomfort. There were no pertinent abnormal physical exam objective findings reported at that visit. Documentation is not clear in conservative treatment that the claimant has undertaken. The current request is for right shoulder arthroscopy with rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with RCR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery: Rotator cuff repair.

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

**Decision rationale:** California MTUS/ACOEM Guidelines have been referenced. Prior to considering surgical intervention in the absence of a full thickness rotator cuff tear, California MTUS suggests that claimants should attempt, exhaust, and fail continuous conservative treatment for a period of three to six months which should include activity limitation, home exercise program, formal physical therapy, antiinflammatories, and consideration of injection therapy prior to considering and recommending surgical intervention. In addition, documentation should also support that the claimant has clear clinical evidence of a lesion that has been shown to benefit in both the short and long term from a surgical repair. Currently, there is no documentation suggesting that there are abnormal physical exam objective findings establishing the medical necessity for the requested procedure and there is a lack of documentation the claimant has attempted, failed and exhausted continuous conservative treatment for a period of three to six months prior to considering and recommending surgical intervention. Furthermore, based on the documentation presented for review and in accordance with California MTUS and ACOEM Guidelines, the request for the right shoulder arthroscopy with rotator cuff repair cannot be considered medically necessary.

**Post-operative physical therapy 3 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** In regards to the second request for postoperative physical therapy times twelve sessions, based on the documentation presented for review and in accordance with California MTUS and ACOEM Guidelines, the request for surgical intervention has been deemed not medically necessary and subsequently the request for postoperative physical therapy times twelve sessions cannot be considered medically necessary.