

<b>Case Number:</b>	CM14-0121258		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/15/2004
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Surgeon, Hand Surgeon 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 62-year-old female who reported an injury on 12/15/2004 after a slip and fall. The injured worker's diagnoses included rotator cuff syndrome. The injured worker's treatment history included physical therapy, medications, and corticosteroid injections. The injured worker underwent an MRI on 03/06/2014 of the right shoulder due to persistent pain. Physical findings included a moderate grade bursal sided partial thickness tear of the supraspinatus tendon with mild tendinosis and a small amount of subacromial/subdeltoid bursa fluid. The injured worker was evaluated on 05/13/2014. It was documented that she had persistent neck and right shoulder pain. The injured worker's pain levels were reported to be 7/10 to 9/10 of the right shoulder with exacerbation due to repetitive motions and overhead lifting. The injured worker's medications included Norco 5/325 mg, gabapentin, Excedrin, Bisacodyl, QVAR, paroxetine, atorvastatin, and clonazepam. The injured worker's physical examination at that appointment did not evaluate the injured worker's right shoulder. The injured worker's treatment plan included physical therapy for her right shoulder. A request was made for surgical intervention to the right shoulder, however, no justification for the request was provided. A Request for Authorization form was not provided to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 preoperative internal medicine follow up visit between 7/14/2014 and 8/28/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service (Preoperative Internal Medicine Follow Up Visit) is also not supported and not medically necessary.

**1 preoperative internal medicine clearance between 7/14/2014 and 8/28/2014:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation eMedicine: <http://emedicine.medscape.com/article/285191-overview#a30>.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service (Preoperative Internal Medicine Clearance) is also not supported and not medically necessary.

**1 Right Shoulder Arthroscopic Subacromial Decompression, Mumford Procedure, Rotator Cuff Repair, and possible Biceps Tenodesis between 7/14/2014 and 8/28/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 9, page(s) 209-212.

**Decision rationale:** The requested right shoulder arthroscopic subacromial decompression, Mumford procedure, and rotator cuff repair with possible tendinosis between 07/14/2014 and 08/28/2014 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend rotator cuff repair for impingement syndrome for patients who have significant findings of functional deficits corroborated by pathology identified by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient has undergone an MRI that did identify pathology that may benefit from surgical intervention. It is noted that the injured worker has had persistent pain complaints recalcitrant to conservative treatment. However, the clinical documentation fails to provide any recent evidence of significant functional deficits or physical findings to support a rotator cuff syndrome diagnosis. As such, the requested 1 right shoulder arthroscopic subacromial decompression, Mumford procedure, and rotator cuff repair, and possible biceps tendinosis between 07/14/2014 and 08/28/2014 is not medically necessary.

**12 Post-operative Physical Therapy Sessions between 7/14/2014 and 8/28/2014:**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service (Physical Therapy) is also not supported and not medically necessary.