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| <b>Case Number:</b>   | CM14-0131450 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 03/09/2002 |
| <b>Decision Date:</b> | 12/03/2014   | <b>UR Denial Date:</b>       | 07/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2014 |

### 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 67-year-old female, with reported date of injury on 3/9/02. Exam note from 7/8/14 demonstrates the claimant has complaints of right shoulder, neck, and low back pain with right arm numbness and swelling. The exam revealed a forward flexion at 155 degrees and abduction at 145 degrees. Also noted was tenderness, a positive drop arm test, cross arm adduction with ballottement and Neer's and Hawkin's tests, Report demonstrates that there was full can testing and 4/5 resisted lift off maneuver. The claimant has failed conservative treatment including physical therapy (PT), medication, and activity modification. MRI right shoulder 5/21/14 demonstrates thinning of supraspinatus and infraspinatus tendon. Request is made for right shoulder arthroscopy with possible rotator cuff repair and distal clavicle excision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy with Possible Rotator Cuff Repair and Distal Clavicle Excision:** 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): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Surgery for Rotator Cuff Repair

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, pages 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for Rotator Cuff Repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally, there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case, the submitted notes from 7/8/14 do not demonstrate 4 months of failure of activity modification. The physical exam from does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. The MRI of the right shoulder from 5/23/13 does not demonstrate a high grade or full thickness tear or significant AC joint pathology. Therefore, the determination is not medically necessary for the requested procedure.

**Post-Op Physical Therapy 12-24 Visits:** 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): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Surgery for Rotator Cuff Repair

**Decision rationale:** Associated Surgical Service: As the requested surgical procedure is not medically necessary, none of the associated surgical services is medically necessary and appropriate.

**Shoulder Ultra sling:** 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): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Surgery for Rotator Cuff Repair.

**Decision rationale:** Associated Surgical Service: As the requested surgical procedure is not medically necessary, none of the associated surgical services is medically necessary and appropriate.

**Cold Therapy Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Surgery for Rotator Cuff Repair

**Decision rationale:** Associated Surgical Service: As the requested surgical procedure is not medically necessary, none of the associated surgical services is medically necessary and appropriate.