

<b>Case Number:</b>	CM14-0152219		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 63-year-old female who was injured in a work-related accident on 01/19/10. The medical records provided for review documented current complaints of pain in the right shoulder. The 08/11/14 progress report describes continued complaints of pain in the region of the right deltoid and that the claimant had undergone shoulder arthroscopy, rotator cuff and labral repair, subacromial decompression, and glenohumeral debridement on 06/19/13. The report documents that the claimant continues to have pain despite postoperative treatment with physical therapy, acupuncture, and medication management. Plain film radiographs are documented to show no acute change from the previous year. Physical examination showed 180 degrees of forward flexion, 70 degrees of external rotation, and internal rotation to the superior iliac spine and positive Neer and Hawkin's impingement testing with weakness of the external rotators and abductors. The records did not include any reports of postoperative imaging. This request for revision surgery for rotator cuff debridement with revision repair, subacromial decompression, distal clavicle excision, and biceps tenodesis.

### 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 debridement, possible revision, DCE (Distal Clavicle Excision), SAD (Subacromial Decompression), open biceps tenodesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th edition, 2013 Updates: shoulder procedure - Surgery for ruptured biceps tendon (at the shoulder)

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right shoulder arthroscopic rotator cuff debridement, possible revision, DCE, SAD, open biceps tenodesis is not recommended as medically necessary. The medical records document that the claimant has continued pain in the shoulder with examination findings consistent with impingement, there is no documentation of postoperative imaging reports available for review to identify compressive findings at the acromion, Acromioclavicular joint, biceps tendon, or rotator cuff. There is no indication of re-tearing to the rotator cuff identified. Without documentation of postoperative imaging, the proposed surgery that would include revision decompression and distal clavicle excision that has already been performed cannot be recommended. Therefore, the request for Right shoulder arthroscopic rotator, cuff debridement, possible revision, DCE (Distal Clavicle Excision), SAD (Subacromial Decompression), open biceps tenodesis is not medically necessary and appropriate.

**Post-op operative physical therapy #12:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Sling:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Cold therapy unit:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.