

<b>Case Number:</b>	CM14-0175710		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, has a subspecialty in Hand Surgeon and is licensed to practice in Texas & Georgia. 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 36-year-old female who reported an injury on 04/30/2014. The mechanism of injury was when the injured worker was pulling a hand pallet loaded with salt. She felt a pop in her shoulder. The diagnoses included shoulder sprain, right rotator cuff. The previous treatments included physical therapy, medications, injections, and an MRI dated 07/11/2014. Within the clinical note dated 09/08/2014, the injured worker reported following an injection to her shoulder. However, she stated the symptoms are back again. She reported having trouble with elevation of the extremity and sleeping at night. Upon the physical examination the provider noted significant tenderness in the subdeltoid space. There was weakness with forward flexion and external rotation. The provider requested an arthroscopy with possible repair of the rotator cuff tear and probable subacromial decompression due to continued symptoms. However, the Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with subacromial decompression with Possible rotator cuff tear repair:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 210-211.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend surgical consultation for red flag conditions of acute rotator cuff tear in younger workers, glenohumeral joint dislocation, activity limitations from more than 4 months, plus existence of a surgical lesion, the failure of increased range of motion and strength of the musculature around the shoulder, even after exercise programs, clear clinical and imaging evidence of a lesion that has been shown to benefit, in both short and long term, from surgical repair. The rotator cuff repair is indicated for significant tears that impair activity by causing weakness of the arm elevation and rotation. For partial thickness rotator cuff tears and small full thickness tears, surgery is reserved for cases failing conservative therapy for 3 months. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. The clinical documentation submitted had no objective findings of an impingement syndrome. There is lack of documentation indicating the injured worker to have rotator cuff deficits. Additionally, the official MRI submitted on 07/11/2014 revealed negative findings which would not warrant the medical necessity for the request. Therefore, the request is not medically necessary.