

<b>Case Number:</b>	CM14-0022619		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/24/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Hand Surgery 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 63-year-old male who reported an injury on 12/24/2010. Prior treatments include physical therapy and an injection into the left shoulder. The specific mechanism of injury was not provided. The examination of 05/14/2014 revealed that the injured worker had a moderate level of left shoulder pain with a burning sensation and difficulty raising his left arm above shoulder level. It was indicated that the injured worker had been attending physical therapy without too much benefit. The examination of the left shoulder revealed tenderness to palpation in the lateral aspect and trapezius musculature. There was a positive impingement sign. There were muscle spasms. The injured worker had restricted range of motion in all planes and rotator cuff weakness. The documentation further indicated that the injured worker underwent an MRI of the left shoulder on 03/23/2012, which revealed a complete tear of the supraspinatus tendon. The diagnoses included a left shoulder strain with impingement and MRI evidence of a complete tear of the supraspinatus tendon. The treatment plan included a left shoulder arthroscopy and a rotator cuff repair to be followed by postoperative rehabilitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder Arthroscopy quantity 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The clinical documentation submitted for review failed to indicate that the injured worker had imaging evidence of a lesion that has been shown to benefit in both the long and short-term. The MRI official report was not provided for review. The physical examination revealed that the injured worker had clinical signs of a lesion. The request as submitted was for an arthroplasty. The physician documentation was requesting a left shoulder arthroscopy rotator cuff repair. Given the above and the lack of documentation and the lack of clarification, the request for a left shoulder arthroplasty is not medically necessary and appropriate.

**Post-operative Physical Therapy two times a week for six weeks left shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.