

<b>Case Number:</b>	CM14-0023203		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/31/2014
<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 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 53-year-old gentleman who injured his left shoulder while working as a bus driver on 8/1/10. The records provided for review include the report of an MRI of the right shoulder dated 9/11/13 identifying a partial thickness fraying of the supraspinatus but no evidence of full thickness pathology. There was also tendinosis of the supraspinatus, infraspinatus, and biceps tendon noted. Acromioclavicular joint degenerative changes with a Type II acromion were noted from an osseous standpoint. A recent orthopedic progress report dated 1/17/14 noted ongoing complaints of pain in the shoulder described anteriorly as well as with activity. Physical examination showed 5/5 strength with the exception of supraspinatus testing that was 4/5. There was positive Neer and Hawkins testing. The working assessment was rotator cuff tear. The recommendation was made for surgical decompression and rotator cuff repair. The records document conservative treatment but there is no indication that the claimant received injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L SHOULDER ROTATOR CUFF (RTC) REPAIR:** 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): 210.

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, a left shoulder rotator cuff repair cannot be recommended as medically necessary. The documentation indicates that imaging shows a partial thickness rotator cuff tearing with no recent documentation of conservative care including corticosteroid injections. With regard to partial thickness tearing, ACOEM Guidelines recommend up to six months of conservative care including injection therapy prior to surgical intervention. The absence of the above would fail to support the need of surgery to include rotator cuff repair at present.