

<b>Case Number:</b>	CM14-0025384		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 39-year-old male warehouse worker sustained an industrial injury on 3/31/12 putting boxes on a pallet jack, when some of the boxes fell hitting his right shoulder and back. The 8/7/13 right shoulder MRI documented a partial thickness, full width, bursal sided tear involving the anterior aspect of the supraspinatus tendon with 3.5 mm of retraction. There was limited subacromial/subdeltoid bursal high signal suggesting synovial thickening, and infraspinatus tendinosis. There was a small area of separation of the transverse ligament on its greater tuberosity attachment, measuring 5.5 mm, representing a small intrasubstance tear of the subscapularis tendon. There was a possible labral tear. He last worked 6/14/13. The 1/14/14 treating physician report cited persistent right shoulder pain despite comprehensive conservative treatment, including physical therapy, anti-inflammatory, and activity modification. Physical exam findings documented right shoulder pain, rotator cuff weakness, and positive provocative testing. MRI findings were reviewed and showed a supraspinatus tear with retraction, possible posterior labral tear, and a tear of the subscapularis. The treatment plan recommended a diagnostic arthroscopy with subacromial decompression, exploratory debridement, and possible repair of the rotator cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY DEBRIDEMENT EXTENSIVE SUBACROMIAL DECOMPRESSION REPAIR COMPLETE ROTATOR CUFF TEAR:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for rotator cuff repair, Surgery for impingement syndrome, Surgery for SLAP tears.

**Decision rationale:** Under consideration is a request for right shoulder arthroscopy with extensive debridement, subacromial decompression, and repair of a complete rotator cuff tear. The California MTUS guidelines do not provide surgical recommendations for chronic shoulder injuries. The Official Disability Guidelines for rotator cuff repair and impingement syndrome generally require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. Guidelines state that arthroscopic repair of SLAP lesions with extensive tears can achieve good outcomes, and may be considered for patients failing conservative treatment. Guideline criteria have been met. The patient presents with subjective, clinical and imaging findings consistent with a supraspinatus, subscapularis and possible labral tear. Comprehensive conservative treatment has been tried and has failed. The prior utilization review certified the rotator cuff repair and subacromial decompression, but denied the extensive debridement based on an absence of clinical or imaging evidence to support the medical necessity of extensive debridement. The treating physician has opined the medical necessity of an exploratory debridement. Given the extent of the MRI findings and possible labral tear, the request for extensive debridement is reasonable. Therefore, this request for right shoulder arthroscopy with extensive debridement, subacromial decompression, and repair complete rotator cuff tear is medically necessary.