

<b>Case Number:</b>	CM14-0027831		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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:

The injured worker is a 64-year-old male who reported an injury on 03/18/2009. The specific mechanism of injury nor prior treatments was provided for review. The injured worker underwent previous shoulder surgery in 1996 including an acromioplasty, Mumford procedure, and biceps tenodesis along with an arthrotomy with a rotator cuff repair, and underwent surgery on 07/26/2011 with a removal of loose bodies. The patient had right shoulder surgery on 08/26/2011 for an incision and drainage for infection in the right shoulder. The injured worker underwent an MRI of the right shoulder on 12/23/2013 which revealed the patient had a large joint effusion and acromioclavicular osteoarthritis. The patient had a persistent tear involving the supraspinatus tendon and a complete obliteration of the cartilaginous labrum. The documentation of 01/27/2014 revealed the patient had decreased range of motion with external rotation of 35 degrees on the right. The patient had adduction and extension of 40 degrees on the right. The patient had a positive impingement test, Neer test, Hawkins, Kennedy, Codman's drop arm, empty can, supraspinatus, and Dawbarn's sign on the right. The diagnosis was right shoulder labral tear, right shoulder rotator cuff partial tear, right shoulder postsurgery in 1996, 07/26/2011, and 08/26/2011, along with anxiety/depression, gastropathy, and gastroesophageal reflux. The treatment plan included a right shoulder arthroscopy, rotator cuff repair, and biceps tenotomy. Additionally, the formal request was for a specialist referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER ARTHROSCOPY, ROTATOR CUFF REPAIR, BICEPS TENOTOMY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment of Workers Compensation, Shoulder, Surgery for rotator cuff repair-Revision rotator cuff repair.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have a failure to increase in 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 indicated the injured worker had clear clinical and imaging evidence of a lesion. However, there was a lack of documentation of a failure to increase range of motion and strength of the musculature around the shoulder even after an exercise program, as conservative therapies were not provided. Given the above, the request for right shoulder arthroscopy rotator cuff repair biceps tenotomy is not medically necessary.