

<b>Case Number:</b>	CM14-0031004		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 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 60-year-old female who reported an injury on 10/4/11. The mechanism of injury was not stated. Current diagnoses include cervical radiculopathy, cervical pain, and shoulder pain. The injured worker was evaluated on 12/18/13. Physical examination revealed restricted range of motion of the left shoulder with positive crossover testing. Treatment recommendations at that time included continuation of current medication and a follow-up with [REDACTED] for discussion of left shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER SLAP REPAIR WITH SUBACROMIAL DECOMPRESSION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The California MTUS/ACOEM guidelines state that referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than four months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the

injured worker's physical examination only reveals restricted range of motion and positive crossover testing. There were no imaging studies provided for review. There is also no mention of an attempt at conservative treatment for the left shoulder. There were no physician progress reports submitted by the requesting surgeon. Based on the aforementioned points, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**MUMFORD PROCEDURE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The California MTUS/ACOEM guidelines state that referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than four months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker's physical examination only reveals restricted range of motion and positive crossover testing. There were no imaging studies provided for review. There is also no mention of an attempt at conservative treatment for the left shoulder. There were no physician progress reports submitted by the requesting surgeon. Based on the aforementioned points, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**PRE-OP LABS (CBC, CMP, PT/PTT, URINALYSIS):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PREOPERATIVE EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**POSSIBLE ROTATOR CUFF REPAIR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), Chapter 9), pages 560-561.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The California MTUS/ACOEM guidelines state that referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than four months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker's physical examination only reveals restricted range of motion and positive crossover testing. There were no imaging studies provided for review. There is also no mention of an attempt at conservative treatment for the left shoulder. There were no physician progress reports submitted by the requesting surgeon. Based on the aforementioned points, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.