

<b>Case Number:</b>	CM14-0031543		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 65 year old male claimant with an industrial injury date of 06/06/12. An exam note from 02/13/14 demonstrates the patient's continuing lower back pain along with pain in both shoulders and his knees. The patient is diagnosed in an exam note dated 02/13/14 with bilateral shoulder impingement, status post cervical fusion, lumbar discogenic disease and bilateral knee internal derangement. There are objective findings given demonstrating range of motion of strength testing in 2/13/14 visits. Report that prior conservative treatment of physical therapy has been tried. An MRI of the right shoulder from 12/11/13 demonstrates report of acromioclavicular osteoarthritis, supraspinatus tendinitis and infraspinatus tendinitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open repair of the right shoulder rotator cuff with subacromial decompression, acromioplasty, distal clavicle resection and debridement of the bursa.:** 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):Shoulder Chapter, ODG Indications for Surgery -Rotator cuff repair.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoudler, Surgery for rotator cuff repair.

**Decision rationale:** According to the ACOEM Guidelines, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the Guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 2/13/14 do not demonstrate 4 months of failure of activity modifications. The physical exam from 2/13/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Finally there is no evidence of a rotator cuff tear from the MRI of 12/11/13 in the rotator cuff. Therefore, the request is not medically necessary and appropriate.