

<b>Case Number:</b>	CM14-0033784		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 patient is a 57 year old female who was injured on 10/3/2013, when she tripped and fell forward. The prior UR determination dated 3/4/2014 recommended denial of the requested left shoulder arthroscopy, subacromial decompression, rotator cuff repair, and distal clavicle resection with 12 sessions of postop physical therapy. The reviewer determined that the patient had not completed conservative care, a subacromial injection had not been tried, as required by the evidence-based guidelines, prior to consideration of surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy, subacromial decompression, rotator cuff repair, and distal clavicle resection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative

therapy for three months. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. Conservative treatment has results similar to surgical treatment but without surgical risks. It is appreciated that the patient has undergone conservative care consisting of activity modification, physical therapy, home exercise program, and medications. The physician indicates he is not trying a he is hesitant to position it is not trying to cortisone injection into the patient having uncontrolled diabetes. Instead a Toradol injection was administered on 3/18/2014, and the patient had worsening symptoms, and subsequently was reportedly found to have blood clots in the left arm. She is currently on Coumadin. She is not a candidate for left shoulder surgery. Furthermore the patient is treating for blood clots in the left arm, this is not a surgical. It is appropriate that conservative care with utilization of accepted palliative methods be utilized to address her neck and left shoulder/arm complaints. The medical necessity of surgery has not been established.

**Post-operative physical therapy 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The medical records do not establish the surgical intervention is appropriate and indicated at this time. Consequently the request for postoperative therapy is not warranted.