

<b>Case Number:</b>	CM14-0037092		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Orthopedic Surgeon has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California and Utah. 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 59-year-old male who reported an injury on 01/14/2014, with physical therapy and injections, showed minimal improvement. The injured worker had an MRI of the left shoulder without contrast on 12/18/2013, which revealed a full thickness tear of the mid posterior aspect of the supraspinatus tendon extending to involve the infraspinatus tendon. There was mild AC joint arthrosis with early mid subacromial space narrowing and there was mild to moderate and undersurface tearing of the subscapularis tendon. The documentation of 03/05/2014 revealed the injured worker had full range of motion of the bilateral upper extremities with a strength was 5/5. The sensation was intact to all dermatomes. The injured worker had a positive Neer's sign bilaterally and the reflexes were 2+ in the biceps, triceps, and brachioradialis. The diagnosis was a left shoulder rotator cuff tear. The documentation further indicated the injured worker's pain was debilitating him and affecting his activities of daily living. The treatment plan included a left shoulder diagnostic arthroscopy, possible subacromial decompression and rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder diagnostic arthroscopy, possible subacromial decompression and rotator cuff repair:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Diagnostic Arthroscopy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Diagnostic Arthroscopy.

**Decision rationale:** The California MTUS and ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion, and the failure to increase range of motion and strength of the musculature around the shoulder. Even after exercise programs, it must show well documentation of 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 positive MRI findings. However, the request as submitted was for a left shoulder diagnostic arthroscopy. As such, secondary Guidelines were sought. Although the Official Disability Guidelines indicate that a diagnostic arthroscopy is appropriate when the imaging is inconclusive, this only references indications for a diagnostic arthroscopy when done as a standalone procedure. However, a diagnostic arthroscopy is generally performed at the time of any surgical intervention to ensure all pathology is addressed. The clinical documentation submitted for review indicated the injured worker had a tear upon the MRI. As such, the request would be supported. Given the above, the request for Left shoulder diagnostic arthroscopy, possible subacromial decompression, and rotator cuff repair is medically necessary.