

<b>Case Number:</b>	CM14-0039443		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/14/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Minnesota. 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 55 year old male who injured his right shoulder on 4/14/2009. He underwent a right shoulder subacromial decompression, distal clavicle excision and limited glenohumeral debridement, and debridement of a SLAP lesion on 6/12/2009. He retired for different reasons on 12/31/2011. There was a new injury reported on 8/7/2013 but the mechanism of injury is not documented. He was seen on 8/13/2013, underwent x-rays and an MRI scan of the right shoulder on 8/30/2013. The x-rays revealed mild humeral head subluxation and narrowed acromioclavicular joint. The MRI revealed mild to moderate supraspinatus tendinosis with a small 6 mm focus of moderate grade interstitial tearing at the distal insertion and a smaller 2-3 mm focus of low grade partial thickness articular surface tearing slightly more anterior in location at the distal insertion on the greater tuberosity. There was no full thickness tear. There was subscapularis tendinosis with a small approx 1 cm high grade partial thickness articular surface tear along its distal margin. There was a high grade tear of the proximal long head of the biceps tendon including the biceps labral anchor. Very mild osteophyte formation was seen along the glenoid. Physical therapy was started on 8/22/2013 through 9/17/2013, a total of 8 sessions. The subacromial space was injected with 80 mg. Depo medrol on 10/8/2013. The improvement was not lasting and surgery was recommended on 2/21/2014. The request was non-certified by Utilization Review on 2/28/2014 for lack of documentation of 3 months of conservative treatment with a documented exercise program and corticosteroid injections. The documentation submitted was not sufficient. Since the non-certification, no additional documentation has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy, subacromial decompression, AC joint decompression, labral repair/debridement, possible rotator cuff repair and synovectomy, possible mini open repair:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines indicate rotator cuff repairs for partial thickness tears when there is documentation of failed intensive conservative treatment for 3 months. The documentation submitted did not meet this guideline requirement of failure of conservative therapy for 3 months and as such the requested surgery was not medically necessary.

**Medical Clearance:** 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:** The requested surgery was not medically necessary. Therefore the medical clearance was also not medically necessary.

**Complete blood count (CBC):** 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:** The requested surgery was not medically necessary. Therefore the medical clearance was also not medically necessary.

**Complete Metabolic Panel (CMP):** 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:** The requested surgery was not medically necessary. Therefore the metabolic panel was also not medically necessary.

**Prothrombin time (PT)/partial thromboplastin time (PTT):** 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:** The requested surgery was not medically necessary. Therefore the request for ProTime and Partial Thromboplastin Time was also not medically necessary.

**Electrocardiogram (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:** The requested surgery was not medically necessary. Therefore the request for an EKG was also not medically necessary.

**Chest X-ray:** 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:** The requested surgery was not medically necessary. Therefore the request for a chest x-ray was also not medically necessary.

**Cold therapy unit:** 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:** The requested surgery was not medically necessary. Therefore the request for a cold therapy unit was also not medically necessary.

**Postoperative physical therapy three (3) times per week for four (4) weeks, in treatment of the right shoulder:** 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:** The requested surgery was not medically necessary. Therefore the request for post-operative physical therapy was also not medically necessary.